LA SALLE
CATHOLIC COLLEGE PREPARATORY

Emergency Medical Release & Contact Information Form

2010-2011

GRADE 12

Last Name ______ First Name ______ Middle Initital ______

Home Street Address ______ City ______ State ______ Zip Code ______

Home Telephone (_____)__________ Date of Birth: _____/_____/_____ Age: _____ Gender: ❑ M ❑ F

Father's Name ______ Father's Employer ______ Father's E-mail Address ______

Father's Home Phone ______ Father's Day Phone ______ Father's Cell Phone ______

Mother's Name ______ Mother's Employer ______ Mother's E-mail Address ______

Mother's Home Phone ______ Mother's Day Phone ______ Mother's Cell Phone ______

ADDITIONAL MAILING ADDRESS (if a second parent/guardian requires school mailings):

Parent/Guardian Name ______ Relationship ______

Street Address ______ City ______ State ______ Zip Code ______

EMERGENCY CONTACTS - In the event that a parents cannot be reached, the individuals below have the authorization to pick up my child and can be reached during school hours at the number(s) listed below (please list in order of preference to be called):

1) Name ______ Relationship ______ Daytime Telephone (______)______________

2) Name ______ Relationship ______ Daytime Telephone (______)______________

AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR:

I/We, the undersigned parent(s)/guardian(s) of ____, a minor, do hereby authorize La Salle Catholic College Preparatory [Administrative/Staff member as agent(s)] for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of, any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his/her best judgement may deem advisable.

Insurance Co: ______________________ Employer: ______________________

Group #: ______________________ Policy #: ______________________

Primary Physician/ Provider: ______________________ Physician Phone: (_________)______________

Hospital of choice in case of emergency: ______________________

List: Chronic illness or allergies: ______________________

Current Medications: ______________________

Last DPT Immunization: ______________________

Parent/Guardian Name (PLEASE PRINT) ______ Parent/Guardian Signature ______ Date ______

LA SALLE
CATHOLIC COLLEGE PREPARATORY

Continuing Parental Field Trip Permission Form

2010-2011

This Continuing Parental Field Trip Permission Form, when signed and returned to La Salle Catholic College Prep, will be kept on file in the Attendance Office.

The events covered by this form are for school sponsored events such as retreats, service learning, AHS Mathematics Exam, Regional Skills Competition, league band, choir and art competitions, and class field trips.

It does not apply to any traveling out of the state of Oregon or any school wide activities not listed above. Nor does it replace the Medical and Physical Examination Summary Form required for all incoming 9th grade students, and for 11th grade students to continue to participate in sports.

I agree to abide by the rules set up by the teacher/chaperone of the event I will attend. I understand that if I choose to disregard any rules or expectations, I will be asked to leave and transportation from the event will have to be arranged with my parent/guardian.

______________________________	______________________________	________________
Student Name (PLEASE PRINT)	Student Signature	Date

. . . .

I give permission for my child/student to attend the event(s) listed above. She/He has permission to ride in the school bus, rented vehicle or adult driven car. I understand that if my student chooses to disregard the rules of the event, s/he will be asked to leave and I agree to be responsible to arrange transportation from the event for him/her.

I hereby authorize La Salle Catholic College Preparatory, its employees or chaperones, to secure the necessary services for my child in the event of illness, accident or injury. Further, I agree to be responsible for payment of those services.

______________________________	______________________________	________________
Parent/Guardian Name (PLEASE PRINT)	Parent/Guardian Signature	Date

(__________)____________________________

Daytime Telephone

** **Please notify the school immediately if your daytime phone number changes.**

PLEASE FILL OUT BOTH SIDES OF THIS FORM.