

2011-2012 Emergency / Liability Form
 Use this form for one child only. **This form must be filled out by the legal guardian listed.**

GENERAL INFORMATION

Child's name _____
 Address _____
 City _____ Zip Code _____
 Home phone _____
 Birth date _____ Grade in School _____
 Sex _____
 Father/Guardian's Name _____
 Place of Employment _____
 Work phone _____
 Cell Phone _____
 Home phone if different _____
 Email _____
 Mother/Guardian's Name _____
 Place of Employment _____
 Work _____ Cell _____
 Home phone if different _____
 Email _____

PERSONS AUTHORIZED TO PICK UP CHILD (other than parents):

1. _____ Phone _____
2. _____ Phone _____
3. _____ Phone _____

EMERGENCY CONTACT INFORMATION

In the case of an emergency, St. Joseph P.A.L.S. will contact the parent or legal guardian immediately. In case we are unable to reach you, please list a secondary contact person who we can call. This contact person must be someone not living in the same household.

Name _____
 Day phone _____ Evening phone _____
 Relationship _____

MEDICAL INFORMATION

Health history (check applicable box)

HEALTH HISTORY

- Hay fever, asthma, or wheezing
- Eczema or skin rashes
- Convulsions/seizures
- Heart condition
- Chicken pox
- Diabetes
- Trouble passing urine/bowel
- Frequent colds/sore throats, earaches, tonsillitis, pneumonia

ALLERGIES

- Asthma
- Allergic to red/yellow dyes
- Lactose intolerant
- Other allergies. Please list below:

LIMITATIONS

Physical limitations (describe) _____

Mental limitations (describe) _____

INSURANCE YES NO

Carrier name _____
 Group policy number _____
 Name of insured _____

MEDICATIONS

Prescription Medications
 Please list medication and reason for taking below:

ALLERGIES TO MEDICATIONS?

OTHER DETAILS:

Are there any activities which this child should be restricted? _____

I GIVE WRITTEN CONSENT FOR EMERGENCY MEDICAL CARE:

YES

This form must be signed before attending.

I, the undersigned, a parent or guardian having legal custody of the above named minor, certifies that the health history above is correct, as far as I know, and the person listed above has permission to attend St. Joseph School P.A.L.S. program and to engage in all activities except as noted.

I, the undersigned, hereby agree to release and for ever waive any claim which may arise against St. Joseph School, its employees or volunteers for the services rendered during any St. Joseph P.A.L.S. After School Care event or activity. Furthermore, this release specifically includes all claims and demands of whatever nature, actions, cause of actions, repairs, damages, costs, loss of devices, expenses, and compensation on account of or in any way growing out of personal injuries, illnesses, and/or property damage having already resulted or to result at any time in the future, whether or not contemplated at the present time or whether or not they arise following the execution of this release. This release agreement expresses a full and complete release of any liability, past or future, which may be claimed against St. Joseph P.A.L.S., its employees, or any volunteers.

I, the undersigned, hereby authorize St. Joseph P.A.L.S. into whose care the above named minor has been entrusted to administer emergency medical assistance if I cannot be present or am unavailable for contact, consenting to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician and surgeon or dentist. The undersigned also accepts responsibility for the payment of expenses incurred as a result of medical treatment. The undersigned further authorizes St. Joseph P.A.L.S. and its employees to have the above named minor released into the custody of its representative, should hospital care no longer be required.

I the undersigned hereby irrevocably consent to and authorize the unrestricted use and reproduction by you or any and all photographs and/or video images taken of the child listed above, for use within the scope of St. Joseph Schools P.A.L.S. I reserve the right to view all photographs and/or videos at any time.

SIGNATURE OF PARENT OR LEGAL GUARDIAN **X** _____ DATE _____