UNIVERSAL MEDICAL INFORMATION/ EMERGENCY CONTACT RELEASE AND CONSENT FORM

School: ST. DUNSTAN CATHOLIC SCHOOL, Millbrae, CA 94030 School Year: 2017-2018

_____
Name of Student (Last, First, Middle)

Grade: _____Teacher Name: _____

Student Address:

_____
Street Apartment

_____
City State Zip

Home Telephone: (____)_____

Siblings at school:

Name	Grade	Teacher
Name	Grade	Teacher

Student lives with (check all that apply):
☐ Mother
☐ Father
☐ Guardian(s) (specify): _____

☐ **Father's ____Legal Guardian's Information:**

_____
Name (Last, First)
Work Address:

_____
Street City State Zip
Home Address (If Different from child's):

_____
Street City State Zip

Home Phone (If Different from child's): (____)_____

Work Telephone: (____)_____ Mobile phone: (____)_____

☐ **Mother's _____Joint Legal Guardian's Information:**

_____
Name (Last, First)
Work Address:

_____
Street City State Zip
Home Address (if different from child's):

_____
Street City State Zip

Home Phone (if different from child's): (____)_____

Work Telephone: (____)_____ Mobile Phone: (____)_____

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Emergency Contacts:
Name and Address **Telephone Number(s)**

1. _____

2. _____

3. _____

4. _____

Student Medical Information:

Primary Physician:

Name

Address Telephone

Emergency Physician:

Name

Address Telephone

Medical Conditions: (e.g., diabetes, epilepsy, heart conditions, etc.)
_____
_____
_____
_____

Disabilities: _____

Allergies: (e.g., hay fever, strawberries, peanuts, etc.)_____
_____

Medications: _____

Allergies to Medications: _____

Medicines to be Self-Administered by the Child: (See Below):_____
_____

Dosage: _____ Frequency: _____

Medicines to be Administered by the School (IF parents/guardians and school both agree that school shall do so; see below): _____
_____

Dosage: _____ Frequency: _____

DATE: _____
SIGNED: _____
PRINT NAME: _____
RELATIONSHIP TO CHILD: _____