



DIVINE MERCY ACADEMY

Truth through Faith and Reason

Divine Mercy Academy MEDICAL INFORMATION & EMERGENCY FORM School Year: 2018 - 2019

Student's Name: _____

Father's Name: _____ **Employer:** _____

Home Address: _____

Home Phone: _____ **Work:** _____ **Cell:** _____

Mother's Name: _____ **Employer:** _____

Home Address: _____

Home Phone: _____ **Work:** _____ **Cell:** _____

Person(s) authorized to care for child in an emergency if the parents cannot be reached:

Name: _____ **Phone:** _____

Relationship to child: _____

Name of child's physician: _____ **Phone:** _____

Insurance company name: _____ **Policy number:** _____

Student Name: _____ **Grade:** _____

SSN: _____ **Birth Date:** _____ **Birth Place:** _____

Does your child regularly use medications or have any allergies? If so, please list:

Does your child have any hearing, visual or chronic physical problems? If so, please list and explain: _____

In the Student Enrollment Agreement, I/we authorized the school to consent to emergency medical treatment of my child. I understand that all attempts will be made to contact me should an emergency arise during school or a school outing. I give permission to the school staff to provide the needed emergency treatment to the student prior to his/her admission to a medical facility, should the latter become necessary. I give permission to the attending physician to proceed with any medical or minor surgical treatment and x-ray examinations for the above named student. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me. If said physician is unable to communicate with me, the treatment necessary for the best interest of the above named student may be given.

Signature of Parent or Legal Guardian: _____ Date: _____

IMMUNIZATIONS: Please provide one of the following immunization documents to DMA:

_____ Current immunization record from your doctor's office to verify completion of the immunizations for 5-year-olds and for 7th graders. (Once the record has been provided to DMA, no further record need be sent until there is a change in the student's record.)

_____ Medical Exemption form from your doctor's office

_____ Religious Exemption form, available from DMA. This form must be notarized, and a new form must be submitted each year, regardless of student's grade.

Note: Divine Mercy Academy submits numerical information only (that is, no student names) in the school's annual immunization report to the Department of Health.

Divine Mercy Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.