

**St. Martin Parish School of Religion (PSR)
2024-2025 Medical Information Form**

Please complete one Medical Information Form for each child.

Child's Name _____

Parent/guardian _____ Phone _____

If you cannot be reached in case of emergency, whom shall we call?

Name _____ Phone _____

Hospital preference: _____

Student's Physician: _____

Physician Phone #: _____

The following information is necessary in case we need to seek emergency treatment for your child. Your answers will be kept confidential to be used only in case of emergency.

Is your child allergic to anything? If so, please list

Food _____ Medicines _____

Other _____

List of medications: _____

Can your child:

Walk unassisted? _____ Sit for moderate periods of time? _____

Eat and drink unassisted? _____ Take part in moderate physical activities? _____

I understand that every attempt will be made to reach me, but if the severity of the injury indicates the necessity, emergency personnel may be called.

Signed: _____

Date: _____