

St. Joseph Church & Immaculate Heart of Mary
Department of Religious Education
4545 New Road
Austintown, Ohio 44515
330-792-1919

Please fill out
One per student

Please fill out
As Soon As Possible!

EMERGENCY MEDICAL FORM 2024- 2025

Student's Name _____ Phone _____ Grade _____
Address _____ Birth Date _____
Father's Name _____ Phone _____
Mother's Name _____ Phone _____
Father's Employment _____ Phone _____
Mother's Employment _____ Phone _____
Relative or neighbor to be notified if parents cannot be reached:
Name _____ Phone _____
Name _____ Phone _____
Family Physician _____ Phone _____
Family Dentist _____ Phone _____

TYLENOL PERMISSION

The Religious Education Program has my permission to administer Tylenol: Yes ____ No ____
Please mark the dosage you administer to your child: Dosage _____
No medication will be given without this permission form signed.

Parent/Guardian Signature Date

Part I - To Grant Request

If we or the authorized physician named above cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent, we hereby authorize and direct the Director of Religious Education to send the child properly accompanied, to the hospital or the physician most easily accessible.

Please list any medical problems, allergies, or others: _____

Parent/Guardian Signature Date

Part II – Refusal To Consent

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to:

Parent/Guardian Signature Date

On occasion we would like to use photos of the children engaged in activities on our website, or for other printed publicity:

_____ I grant permission for St. Joseph Parish to use my child's photograph, and/ or video recording in its communications.

_____ I do NOT grant permission for St. Joseph Parish to use my child's photograph and/ or video recording.