

ST. JOHN THE EVANGELIST SCHOOL
8912 OLD BRANCH AVENUE
CLINTON, MARYLAND 20735
301-868-2010 Fax: 301-856-8941
www.saintjohnsschool.org

EMERGENCY MEDICAL AUTHORIZATION

2021-2022

STUDENT NAME _____

ADDRESS _____

There are times in the school year when a child becomes ill or is hurt and medical attention is necessary. It is school policy to contact the parents first, and if this is not possible, to contact another authorized person or physician based on given information.

- Do you give permission for your child to receive aid for minor illnesses and injuries while in school? This first aid will be administered by a Nurse or Medication Technician.
YES _____ NO _____
- In case of emergency and you cannot be contacted, nor your authorized persons, do you want your family physician called? YES _____ NO _____

Name of Physician _____ **Phone No.** _____

- If neither you nor your family physician can be contacted, may school officials act for you until you or your physician is contacted? This might include calling 911, taking your child to the hospital and/or another physician. YES _____ NO _____

Signature of Parent _____ Date _____

Father/Guardian's Name _____ Home # _____

Cell # _____

Father's Employer _____ Work # _____

Mother/Guardian's Name _____ Home # _____

Cell # _____

Mother's Employer _____ Work # _____

Who should the Office contact first? Please circle Mother Father

The Office will make every attempt to contact the requested parent first. If that parent is not available, the second parent will be contacted. If neither parent is accessible, an alternate authorized adult must be available. Sick children **MUST** be picked up within an hour of notification.

Authorized Person #1 _____ Phone# _____

Authorized Person #2 _____ Phone# _____

INFORMATION FOR SCHOOL HEALTH RECORDS

PLEASE MARK WITH AN "X" TO INDICATE IF YOUR CHILD HAS HAD ANY OF THE FOLLOWING COMMUNICABLE DISEASES AND LIST THE DATE OF ILLNESS. PLEASE WRITE "N/A" IF THEY HAVE NOT HAD THE DISEASE.

_____ MEASLES DATE OF ILLNESS _____

_____ MUMPS DATE OF ILLNESS _____

_____ GERMAN MEASLES DATE OF ILLNESS _____

_____ WHOOPING COUGH DATE OF ILLNESS _____

_____ SCARLET FEVER DATE OF ILLNESS _____

_____ CHICKEN POX DATE OF ILLNESS _____

OTHERS _____ \

In the following spaces please note any other information concerning your child's health that the school faculty should know. **(FOR EXAMPLE - any allergies or medications associated with ADD or ADHD should be listed here)**
