Student Last Name:_____

Parents: Please complete this form in its entirety and return it to the school office. If your child has a life-threatening illness, it is the parent/guardian's responsibility to notify the school prior to school attendance. This information will only be shared with those who have a need to know.

Note: Medication can only be given at school with signed permission by the doctor and parents. Forms are available in the school office. **Volunteers may not take or post pictures, videos or feature students on any form of media.**

2026-2027 **Emergency Medical Authorization Form**		**For office use only** Date child entered:	**For office use only** Date child left school:
Child's name Last First Middle		Name (Nickname) used	Birthdate
Street Address		City	Zip code
Child's parent/guardian name	Home phone # ( ) -	Cell phone # ( ) -	Alternate phone # ( ) -
Street Address		City	Zip code
Email		City	Zip code
Child's parent/guardian name	Home phone # ( ) -	Cell phone # ( ) -	Alternate phone # ( ) -
Street Address		City	Zip code
Email		City	Zip code

Child's Health Information

Date of child's last physical exam:	Child's health care provider	Phone Number ( ) -	
Street address		City	Zip code
Special health diagnosis? Yes or No? If yes, please specify.	Any known symptoms or triggers?. Yes or No? If yes, please specify.	Any allergies? Yes or No? If yes, please specify.	

***If your child has any allergies or asthma, or his or her health requires individual or special care, you must also complete an individual plan of care form with your child's doctor. Forms are available. ***

Regular medications? Yes or No? If yes, please specify	Does the medication need to be given at school? Yes or No?	In case of an emergency, list medications to be given and how.	
Does your child have any limitations or disabilities? Yes or No? If yes, please specify.	Has your child had any problems with hearing? Yes or No? Do they wear aids?	Any activity, behavaioral or environmental modification needed: Yes or No? If yes, please specify.	
Child's dentist's name		Phone Number ( ) -	
Street address		City	Date of last exam

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Child's Medical Insurance Coverage

Insurance Company Name	Member/Policy Number
Policy Holder Name	Employer Name
Insurance Company Name	Member/Policy Number
Policy Holder Name	Employer Name

Consent to Medical Care and Treatment of Minor Children

I give permission that my child, _____, may be given first aid/emergency treatment by the child care licensee and/or qualified staff at St. Mary Magdalen School.
(In an emergency we will always call 911 first.)

I authorize you to call Dr. _____ Phone: _____
My choice of hospital is: _____ or: _____

Parent/guardian signature	Date	Parent/guardian signature	Date

When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid care attendant to safeguard my child's health. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I certify under penalty of perjury under the laws of the State of Washington that this information is true and correct.

Parent/guardian signature	Date	Parent/guardian signature	Date

I give authorization for any of the following individuals to pick up my child in the event I cannot be reached (to include illness and emergency evacuations). **It is imperative that someone be available at all times during the school day for quick pick ups, in the event of an emergency**. Please make sure numbers are kept up to date. Please list in order of preference:

Name	Address	Phone Numbers
Name: Relationship:		Home: ( ) - Cell: ( ) - Alternate: ( ) -
Name: Relationship:		Home: ( ) - Cell: ( ) - Alternate: ( ) -
Name: Relationship:		Home: ( ) - Cell: ( ) - Alternate: ( ) -
Name: Relationship:		Home: ( ) - Cell: ( ) - Alternate: ( ) -

Parent/guardian signature	Date	Parent/guardian signature	Date

Photos are taken at various events throughout the school year. We often publish these photos to highlight activities, accomplishments, special events, and/or other public relations purposes. This includes our school website, school social media, advertising and marketing materials, and local news media.

YES or NO I give permission for my child(ren) photos and/or names to appear in all of the above.