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Our Lady of Mercy Academy
Newfield, New Jersey

Medical Release & Information

I, _____, being the parent or legal guardian
of _____, give my consent for emergency medical and surgical
treatment by a physician should her condition require it in my absence. I give permission to the designated Our Lady of
Mercy representative to make necessary decisions regarding my daughter's health. I understand that in such a case,
reasonable attempts would first be made to contact me, time and conditions permitting, and permit treatment as long as the
medical or surgical treatment considered necessary is in accordance with generally accepted standards of medical practice
for the type of injury or illness involved.

I impose no specific prohibitions regarding treatment unless stated here (if none, please so state):

List any allergies (if none, please so state):

List any medications your daughter is currently taking (if none, please so state):

My daughter is permitted to take the following over the counter medications if necessary (initial all that apply):

Tylenol ____ Ibuprofen ____ Claritin ____ Pepto Bismol ____ Cold & Sinus ____

Insurance Information:

Insurance Carrier: _____

Subscribers Name: _____

ID Number: _____ Group Number: _____

Emergency Contact Information:

Name: _____ Phone: _____

Relationship to student: _____

_____ (please print)

Student Participant

Father / lawful guardian

Mother / lawful guardian