



Date _____

MEDICAL INFORMATION

This form should be completed for any person (under 19 years of age) in parish religious education, Catholic schools, and youth programs and should be completed on an annual basis at the beginning of the program.

Diocese _____ Parish _____ School _____

Participant's Name _____

Date of Birth _____ Place of Birth _____

PLEASE PRINT OR TYPE

Participant's Regular Physician:

Name (first, middle, last): _____ Phone (including area code): _____

Medical Conditions:

Please list any medical conditions of the participant (asthma, diabetes, epilepsy, etc): _____

List below any physical condition the sponsors, doctors, nurses, or other medical personnel should be aware of:

Insect stings: _____

Fainting spells: _____

Allergies: _____

Ear infections: _____

Seizures: _____

Heart condition: _____

Headaches: _____

OTHER: _____

List any allergies or allergic reactions to medications of the participant: _____

Other pertinent medical information: _____

Date of Participant's last immunizations: MMR _____ TB _____ TETANUS _____

Special dietary needs/restrictions: _____

Medications:

Prescribed medication now being taken:

Type: _____ Dosage: _____ How often: _____

Activities individual should not participate in: _____

Medical Insurance Information:

Company: _____

Plan Number: _____ Employee Identification #: _____

Emergency Contacts:

Parent or Guardian

Name (first, middle, last): _____

Daytime Phone (including area code): _____ Evening Phone (including area code): _____

Other Contact

Name (first, middle, last): _____ Phone (including area code): _____

Relationship (friend, neighbor, coworker, etc): _____

St. Andrew's Elementary School Registration

This form must be completed in full and SIGNED by parent or legal guardian

PARENTAL INSURANCE WAIVER

- / / We/I, the undersigned, feel we have adequate insurance protection in case of an accident for our children attending school at SAS. We will not be completing the insurance application.
- / / We/I, the undersigned, will be completing the Insurance Application for our children attending school at SAS. (If you cannot complete the application at registration, please return it to the office the first week of school).

PARENT – STUDENT HANDBOOK

- / / We/I, the undersigned understand that we can access the 2018-2019 Parent/Student handbook online at <http://www.standrewsabilene.com> or we can request a copy from the school office. We/I agree to follow policies outlined in the handbook.

PARENT RELEASE FOR PUBLIC RELATIONS

Throughout the school year we take pictures of students, or post names of students, or use students' artwork for publicity which includes news releases, newsletter, yearbook, school website or social media page, etc. If you do NOT want your child's picture, name or artwork used please mark the following statement.

- / / We/I the undersigned, **DO NOT** want our child(ren) pictures, name or artwork used for publicity.

VIRTUS ONLINE TRAINING (For Regular Volunteers and Drivers)

- / / Yes, I have completed the online training (list names) _____

Because of Diocesan Policy you will not be able to volunteer in classrooms working with children or help with field trips until you have completed this training.

USE OF INTERNET/ACCEPTABLE USE POLICY

- / / We/I have reviewed the Acceptable Use of Internet Policy with our student(s) in the handbook and they agree to follow rules and guidelines for using the Internet at St. Andrew's School.

ANTI-BULLYING POLICY

- / / We/I have reviewed the anti-bullying policy with our student(s) in the handbook and they agree to follow the policy.

PARENT or LEGAL GUARDIAN

- / / **We/I, the undersigned, am legal guardian and/or parent of the listed student(s).** New families entering St. Andrew's School where one parent has sole custody, must provide a copy of court documents specifying legal guardianship. Also, families presently enrolled who have a change in marital status and custodial care must have on file in the school office proof of legal guardianship.

This form must be completed in full and SIGNED by parent or legal guardian

Name(s) of Students _____

Signature of parent or legal guardian for above listed student(s)

Date form completed