

Health Information and Appointment of Agent

(Please complete one form per child)

HEALTH INFORMATION:

Child's Full Name: _____

Child's Birth date: _____

Child's Physician: _____

Chronic Health Conditions (asthma, diabetes, seizure disorder, ADD/ADHD etc):

Medication Allergies: _____

Medications Currently Taking: _____

Food and/or Other Allergies: _____

Authorization for Emergency Care

I hereby appointment Magdalen Catholic School as my agent and representative for the purpose of authorizing and consenting to hospital care and/or medical care and treatment of _____ for any illness or injury which may occur while such person is in the care of Magdalen Catholic School between the dates of August 2009 and May 2010, while I am away, on vacation or otherwise not immediately available to give such consent.

Parent or Guardian Signature: _____

Date: _____