

Authorization for Emergency Care 2019-2020 School Year

If the parent/guardian is not available, I authorize the school to contact one of the persons listed below as an emergency contact and arrange for them to come to the school to transport my child and assume temporary care. These individuals are authorized to sign my student out of school.

Emergency contact name: _____

Relationship: _____

Phone: _____

Emergency contact name: _____

Relationship: _____

Phone: _____

Medication Policy:

No medication (including inhalers) may be given to a child by any staff member of the school unless the Diocesan Medical Authorization Form (signed by a physician) is completed. This includes prescription and non-prescription medication. This form should be completed in its entirety, including medication name, dosage, time administered, etc. All medicine sent to the school office must be in the original container. All prescription medication must be in the original pharmacy bottle. No student may have any medicine on his/her person or in his/her belongings at any time. (Inhalers may be carried by a student with proper authorization).

General Release of Liability – Diocese of St. Augustine

The undersigned hereby releases and forever discharges Morning Star School, Bishop Felipe J. Estevez as Bishop of the Diocese of St. Augustine, a corporation sole, and individually (hereinafter, collectively, their officers, agents and employees) from all claims and demands, rights and causes of action of any kind the undersigned now has or hereafter may have on account of or in any way arising from personal injuries known or unknown to the undersigned at the present time and property damage resulting or that results from any occurrence which may happen to our child(ren) (or legal ward), during his/her stay at Morning Star School.

Please INITIAL consent for the following:

_____ MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, the health information that I have given the school is accurate. I assume all responsibility for the health of my child. If there is a change in medical information, I will notify the school in writing as soon as it occurs.

_____ EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby give permission to the above named Diocesan entity's employees, volunteers, or representatives to seek medical treatment for my child named above. I will assume full financial responsibility for the emergency care and/or transportation for said child and will not hold the school financially responsible.

In case of accident or serious illness, I, the undersigned, do hereby authorize officials of Morning Star School to contact directly the person/s named on this form and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency for the health of said child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the above named Diocesan entity's representatives or volunteers to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child named above.

Signature of Parent/Guardian: _____ Printed Name: _____