To be completed by parent/guardian and submitted to the school annually.
Include information for each child in the top section.

MEDICAL AND EMERGENCY NOTIFICATION INFORMATION
AUTHORIZATION FOR MEDICAL TREATMENT

SCHOOL: POPE FRANCIS GLOBAL ACADEMY **SCHOOL YEAR**: 2025-2026

STUDENT(S) NAME	DATE OF BIRTH	GRADE	LIST MEDICAL ALLERGIES and/or SIGNIFICANT MEDICAL HISTORY

PLEASE PRINT

Parent/Guardian _____ Parent/Guardian _____

Home Phone _____Work _____ Home Phone _____Work _____

Cell Phone _____ Cell Phone _____

Name of Student(s) Physician _____ Phone _____

Address _____ City/State _____

Medical Insurance Provider _____ Policy/Insurance # _____

EMERGENCY CONTACT IN CASE PARENT/GUARDIAN CANNOT BE REACHED:

NAME _____ RELATIONSHIP _____

Phone_____ Alternate Phone _____

NAME _____ RELATIONSHIP _____

Phone_____ Alternate Phone _____

MEDICAL RELEASE

In the event that the undersigned, or my/our authorized physician, cannot be reached and in the judgment of the School Principal or his/her authorized staff member, there is a necessity for immediate examination and/or treatment of my/our child(ren), I/we hereby request and authorize any of the aforesaid personnel to obtain for my/our child(ren) such medical services as are deemed necessary. I/We agree to assume the financial responsibility for any diagnosis/treatment and/or any medication deemed necessary.

PARENT/GUARDIAN SIGNATURE _____ DATE_____

Parent must print out completed form, sign and return hard copies to the office.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Parent must print out completed form, sign and return hard copies to the office.

THIS FORM WILL ACCOMPANY STUDENTS ON FIELD TRIPS. IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO UPDATE EMERGENCY INFORMATION AS NECESSARY.