



**Diocese of Belleville
Senior Service Learning Project**

**Medical Information and
Consent Form**

Student's Name _____ Birthdate _____

Parent/Guardian Name _____

Address _____ City/State _____

Home Phone _____ Cell / Work Phone _____

Emergency Contact (If parent cannot be reached):

Name _____ Phone: _____

Physician's Name: _____ Phone: _____

Medical Information:

1. Does the student take medications regularly? Yes No
If yes, describe: _____
2. Does the student have any allergies or chronic illnesses? Yes No
If yes, describe: _____
3. Is the student allergic to any drugs or medications? Yes No
If yes, describe: _____
4. Is the student covered by medical insurance? Yes No
If yes, describe: _____

In the event that my child, _____ requires emergency medical treatment due to illness or injury, I hereby give my consent to the following:

1. Personnel supervising my child to arrange for emergency medical care at an appropriate medical facility.
2. Medical personnel at the medical facility to render necessary treatment to my child. I further acknowledge and agree that I will assume responsibility for payment of all expenses associated with the medical care described above.

Signature of Parent/Guardian: _____

Date: _____