



**DE SMET JESUIT HIGH SCHOOL  
STUDENT EMERGENCY CONTACT FORM 2011-2012**

**Student's Name:** \_\_\_\_\_ **Year in School:** FR SO JR SR  
(Circle one)

**Parent/Legal Guardian's Name:** \_\_\_\_\_

Is your child currently under medical care? Yes \_\_\_\_\_ No \_\_\_\_\_

Specify: \_\_\_\_\_

Is your child on medication at home or school? Yes \_\_\_\_\_ No \_\_\_\_\_

Specify name of medication(s), dosage, and reason prescribed: \_\_\_\_\_  
\_\_\_\_\_

Please list any allergies, injuries, operations, serious illnesses, heart conditions, vision problems, hearing loss, and any other health information you feel would be helpful: \_\_\_\_\_  
\_\_\_\_\_

**MEDICAL INSURANCE**

**Name of Insurance Company**

**Policy No.**

**MEDICAL RELEASE**

The law requires that parental permission be obtained for certain medical and operative procedures on minors. The parents or guardians should sign the following consent form so that emergency medical procedures may be carried out and so that no unnecessary delays will occur with less urgent medical and operative procedures or situations, which may occur or exist. **HOWEVER, NO OPERATION OTHER THAN MINOR SURGERY WILL BE PERFORMED EXCEPT IN AN EXTREME EMERGENCY WITHOUT MAKING REASONABLE EFFORT TO CONTACT PARENTS OR GUARDIANS AND INFORMING THEM FULLY.**

I give permission for the above such medical and operative procedures as may be necessary for my son who is a student at De Smet Jesuit High School. The permit shall continue in full force and effect until revoked in writing and delivered to the Principal's Office of De Smet Jesuit High School. Ordinary emergency procedure policy includes:

1. Sending student to St. Johns Mercy Medical Center emergency room.
2. Sending student by car or in an ambulance.

**Name of relative or responsible parties who may be able to reach parent or give permission for treatment:**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Dr. Greg Densberger,  
*Principal*

4. Mr. Michael Dressler  
*Assistant Principal*

5. Mr. Kevin Fober  
*Athletic Director*

**Signed** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Date** \_\_\_\_\_

Home Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Father's Work Phone \_\_\_\_\_

**Please return to the Main Office on or before August 18, 2011.**