

Catholic Archdiocese of Atlanta  
**St. Vincent de Paul**  
2009-2010 MEDICAL RELEASE FORM

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

(Required for treatment in most Hospitals)

**Please submit a photocopy of Insurance card for our records. Thank you.**

Father/Guardian's full name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone #: \_\_\_\_\_

Home address: \_\_\_\_\_

Place of business/address: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

Mother/Guardian's full name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone #: \_\_\_\_\_

Home address: \_\_\_\_\_

Place of business/address: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

**Relative or friend to contact if unable to reach parent/guardian in the event of emergency:**

Name & Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_ Group #: \_\_\_\_\_

Insurance is provided by which parent and/or place of employment? \_\_\_\_\_

Address and Phone Number of Company: \_\_\_\_\_

Special considerations to be aware of (i.e.: allergies, medical conditions, etc...) \_\_\_\_\_

Medication (and dosage) my son/daughter is currently taking: \_\_\_\_\_

Permission to administer non-prescription pain reliever's. Y N Exceptions: \_\_\_\_\_

(EITHER A PHYSICIAN'S PERSCRIPTION OR PARENT NOTE MUST ACCOMPANY ALL MEDICATIONS.  
PRESCRIPTION / NOTE SHOULD BE ATTACHED TO THIS FORM.)