

306 W. Jourdan Street  
P.O. Box 26  
Newton, Illinois 62448  
Phone (618) 783-3517  
Fax (618) 783-2224

**ST. THOMAS SCHOOL STUDENT MEDICAL AUTHORIZATION**

Please **complete** the form below so that your child may participate in field trips and/or extracurricular activities at St. Thomas School. (A separate form must be completed for each student.)

Name of Parent(s) \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Physician's Name \_\_\_\_\_

Emergency Phone \_\_\_\_\_ Physician's Phone # \_\_\_\_\_

I/We do hereby make, authorize, and appoint the authorized agents of St. Thomas School as my/our agents and attorneys to obtain any and all medical, dental, and/or hospital treatment for my/our said child at any time and wherever and whenever the authorized agents of St. Thomas School deem said medical, dental, and/or hospital treatments necessary for the above named child. I/We further authorize the authorized agents of St. Thomas School to sign any and all releases, permissions, and/or consents necessary for the above named child at any time. The authorized agents of St. Thomas School agree to make every effort to contact the said child's parents/guardians before making any medical decisions and authorizing any such medical treatment.

List any allergies or other known health problems of your child: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

My/Our health insurance company is \_\_\_\_\_

The policy number is \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Mother/Guardian

\_\_\_\_\_  
Signature of Father/Guardian