Medical Information

Student's Name	
Doctor	Telephone
	Policy No
Does your child take any prescribed medicati	ions? If so, please list
Does your child have a medical condition about	out which we should know? If so, please explain
I,, (Pare is in good physical or directed by St. John's Episcopal School.	for Medical Treatment ent/Guardian), the undersigned, declare my child al health and may participate in any/all activities as planned In an emergency, St. John's Episcopal School, its agents, in emergency treatment at a local hospital including blood th treatments necessary.
I give permission (initial)	I do not give permission (initial)
St. John's Episcopal School and all affiliates objects, or video tapings of my child for future promotional materials.	or Use of Photos/Videos s thereof have my permission to use any photographs, and use in any/all St. John's Episcopal School publications and
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Rele	ase of Liability
I,	, the undersigned, do hereby release St. John's
Episcopal School, its agents, affiliates	, and any/all related personnel from any/all
liability in the event of an accident or in	njury to my child,
Printed Name of Parent/Guardian	
Signature of Parent/Guardian	Date