



STUDENT HEALTH HISTORY and MEDICAL RELEASE FORM

Any information provided to Lansing Catholic High School on this form will be regarded as confidential and will only be used by the counseling office to ensure the safety and well being of the student.

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

Please list any life-threatening allergies and reactions that faculty/staff should be aware of: (i.e. food, medical, plant, insect, etc.)

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

Does this student have any physical disabilities or medical conditions that are relevant to daily school activity. (i.e. hearing/vision impairment, color blindness, heart conditions, diabetes, seizures, etc.)

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

Does this student have any emotional/psychological conditions that are relevant to daily school activity and performance? Briefly explain.

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

Failure to disclose all information may result in review of enrollment status.

MEDICAL RELEASE

Attempts will be made to notify you if your child requires medical treatment, however, for dire emergencies or for emergencies that occur at school-sponsored events away from the Lansing area, the following medical release is necessary. If your student attends any field trip or other off-site event (interscholastic contests notwithstanding, they have their own release form), the supervisor will have this information for emergency purposes only.

In case of an emergency, I hereby give permission to transport my child to the nearest hospital/emergency center for emergency medical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor, however, in the event it is impossible to contact me or the names provided on my child's emergency contact information, I authorize Lansing Catholic High School, and it's agents to consent to any necessary steps that will secure my child's health and safety under the advice of a licensed physician as governed by the laws of the state of Michigan. I understand that I am responsible for any and all costs incurred by the above actions being conducted.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_