

## READMISSION FORM / MEDICAL RELEASE

20\_\_\_\_-20\_\_\_\_ Academic Year

STUDEN	NT'S	<b>FUL</b>	L NA	١МЕ

LAST NAME	FIRST NAME	MIDD	LE NAME	
DATE OF BIRTH	AGE	PLACE OF BIRTH		
ADDRESS				
STREET		CITY, STATE	ZIP	
PARENTS' NAMES	НО	HOME PHONE		
FATHER'S CELL PHONE: _	MOTHE	MOTHER'S CELL PHONE		
EMAIL ADDRESS(ES) FOR	SCHOOL MESSAGES			
TRANSPORTATION TO SC	HOOL			
INI CACE OF FMEDOENCY	LICT TIMO DEODI E MILO M		VOLD CHU D	
	, LIST TWO PEOPLE WHO WO			
		Relationship:		
Has your child any serious il	lnesses or known allergies to an	y medication? Spec	ify.	
List physical handicaps or di	fficulties (vision, hearing, etc.)			
Is there anything which you	wish to call to our attention?			
Insurance	Po	Policy #		
	es not assume responsibility for pa May May Not choose			
Family Doctor:		Phone: _		
Address:				
			Continued	

I (We) have read the School Handbook St. Mary's Academy and I (we) agree to uphold and support the spiritual, moral, and academic progress of my (our) child, especially by upholding the teachings of the Roman Catholic Church and the school's policies regarding movies, television, modern popular music, and dating. I (We) understand that a violation of these standards by my (our) child shall be grounds for disciplinary action, including suspension or dismissal from the school. I (We) also am (are) acquainted with St. Mary's Academy School's disciplinary code.

Further, I (We) relieve St. Mary's Academy, its administrators and staff, and the Congregation of Mary Immaculate Queen (a nonprofit Washington Corporation) of all responsibility for my (our) child in the event of accident or unforeseen injury or mishap.

I (We) herewith designate St. Mary's Academy and/or any authorized agent thereof to act *in loco parentis* insofar as authorizing health care for my child when I (we) am (are) not present and/or cannot be reached. In this capacity I (we) hereby authorize St. Mary's Academy and/or authorized agent thereof to make any decisions necessary regarding such care pertaining to the following:

- a. admittance to hospital emergency room and/or health facility,
- b. treatment, whether specific or general by any such described facility and/or authorized medical personnel employed by such facility,
- c. any other decisions necessary to implement such treatment and/or admittance.

I (We) hereby release St. Mary's Academy and/or any authorized agent thereof from liability for authorizing admittance and/or treatment of my (our) above named child in my/our absence.

I (We) hereby assume all financial liability for such services as may be authorized by St. Mary's Academy and/or any authorized agent thereof for the health care of my (our) child, as specified above, when I (we) am (are) not present and/or cannot be reached.

SIGNATURE OF BOTH PARENTS AND/OR GUARDIANS	DATE
SIGNATURE OF BOTH PARENTS AND/OR GUARDIANS	DATE