



St. Mary's Academy

TRADITION ENDURES

READMISSION FORM / MEDICAL RELEASE

20____-20____ Academic Year

STUDENT'S FULL NAME

LAST NAME	FIRST NAME	MIDDLE NAME
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DATE OF BIRTH	AGE	PLACE OF BIRTH
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ADDRESS	STREET	CITY, STATE	ZIP
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PARENTS' NAMES	HOME PHONE
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FATHER'S CELL PHONE:	MOTHER'S CELL PHONE
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EMAIL ADDRESS(ES) FOR SCHOOL MESSAGES

TRANSPORTATION TO SCHOOL

IN CASE OF EMERGENCY, LIST TWO PEOPLE WHO WOULD CARE FOR YOUR CHILD:

1. Name:	Phone:	Relationship:
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2. Name:	Phone:	Relationship:
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Has your child any serious illnesses or known allergies to any medication? Specify.

List physical handicaps or difficulties (vision, hearing, etc.)

Is there anything which you wish to call to our attention?

Insurance	Policy #
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I understand that the school does not assume responsibility for payment of a physician in any case. However, in an emergency, the school ____ May ____ May Not choose a physician. My choice of a local physician is as follows:

Family Doctor:	Phone:
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Address:

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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