



# Holy Family Academy

Ad Majorem Dei Gloriam

P. O. Box 842, Mount Angel, Oregon 97362

Telephone: 503-792-3630

**Parent/Legal Guardian Event Permission Form 2017/18**  
**Medical Deferral Statement**

*Please fill out the front and back of this form for **each child**. This form is to be completed by Parent/Legal Guardian.*

I(We) \_\_\_\_\_, the undersigned, give my/our permission for my/our child to take part in off-premises events which will require transportation and supervision by Holy Family Academy staff and volunteers. I understand that I will be notified of each event. I authorize Holy Family Academy staff to secure any and all necessary medical services for my child in the event of an emergency, accident or illness. We hereby understand that Holy Family Academy is not providing medical insurance for our child and that any health care that is necessary will be provided at our own expense.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M/F \_\_\_\_\_

Allergies (foods, drugs, insects, etc.)

\_\_\_\_\_  
Medications (name, dosage, reason)

\_\_\_\_\_  
Other information (injuries, etc.)

\_\_\_\_\_  
Parent's Names:

\_\_\_\_\_  
Telephone Numbers: Day/Home: \_\_\_\_\_ Work: \_\_\_\_\_

Father Cell: \_\_\_\_\_ Mother cell: \_\_\_\_\_

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

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Group or ID # \_\_\_\_\_

In case of emergency, please notify:

Parent/Guardian \_\_\_\_\_

If parent's can not be reached please give information regarding a person to be contacted in the event of an emergency.

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Day/Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

Permission/Medical Form  
Holy Family Academy  
2017/2018