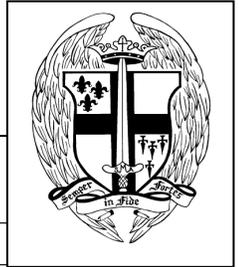


# REGISTRATION RENEWAL FORM / MEDICAL RELEASE

**ST. MICHAEL'S ACADEMY**

8500 N. ST. MICHAEL'S RD. **PRINCIPAL:** (509) 467-0986 Ex. 118  
SPOKANE, WA 99217-9765 **REGISTRAR:** (509) 467-0986 Ex. 100  
**FAX:** (509) 467-2425



It is important that this information is complete, accurate, and current, as this form is used in case of an emergency.

STUDENT'S FULL NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

PARENTS' NAMES: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

FATHER'S WORK/CELL PH.: \_\_\_\_\_ MOTHER'S WORK/CELL PH.: \_\_\_\_\_

TRANSPORTATION TO & FROM SCHOOL: \_\_\_\_\_

HAS YOUR CHILD HAD ANY SERIOUS ILLNESSES, ALLERGIES, KNOWN REACTIONS TO MEDICATION, OR CURRENTLY UNDER DR.'S CARE? (PLEASES SPECIFY) \_\_\_\_\_

LIST CURRENT MEDICATIONS, MEDICAL CONDITIONS, PHYSICAL HANDICAPS OR DIFFICULTIES: (HEARING, VISION, ETC.)  
(Please be sure the school has current information and papers on file regarding medications or emergency procedures for medical conditions.)

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: (PLEASE FILL OUT COMPLETE INFORMATION)

1) DOCTOR: \_\_\_\_\_ PHONE #: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

2) DOCTOR: \_\_\_\_\_ PHONE #: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_ POLICY #: \_\_\_\_\_

## LIST 2 PEOPLE WHO WOULD CARE FOR YOUR CHILD IN CASE OF AN EMERGENCY IF PARENTS CANNOT BE REACHED:

1) NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

2) NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

I/We have read the Student/Parent Handbook for St. Michael's Academy and I/we agree to uphold and support the spiritual, moral and academic progress of my/our child, especially by supporting the Academy'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 Academy. I/We also am/are acquainted with St. Michael's Academy's disciplinary code as outlined in the Student/Parent Handbook.

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

I/We herewith designate Mount St. Michael's, St. Michael's Academy, and/or any authorized agent thereof to act *in loco parentis* insofar as authorizing health care for my/our child when I/we am/are not present and/or cannot be reached. In this capacity I/we hereby authorize Mt. St. Michael's, St. Michael's Academy and/or any 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 Mount St. Michael's, St. Michael's Academy, the Congregation of Mary Immaculate Queen, and/or any authorized agent thereof from liability for authorizing admittance and/or treatment of my/our above-named child in my absence.

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

\_\_\_\_\_  
SIGNATURE OF BOTH PARENTS AND/OR GUARDIANS

DATE: \_\_\_\_\_