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October 23, 2003

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Sr. Betty Werner, OP
Diocese of Pueblo
1001 N. Grand Avenue
Pueblo, CO 81003

Theresa Farley
Directors of Human Resources
Diocese of Pueblo
1001 N. Grand Avenue
Pueblo, CO 81003

RE: Universal Student Information/Emergency Sheet and Release and Consent Form


Dear Sr. Betty and Theresa:

Throughout the country several dioceses have been having problems with school age children with allergies, especially food allergies, and with administering medications needed by children in school. Some schools have set aside portions of lunch room cafeterias for children with special food allergies. It is extremely difficult, however, to isolate children from certain food, such as peanuts and seafood which a small percentage of children are allergic to.

Some dioceses have begun to use release and consent forms to address this concern and problem. Using a potpourri of information from other dioceses, I prepared the attached "Universal Medical Information/Emergency Contract Release and Consent Form" for possible use by schools in the Diocese of Pueblo. Also attached is a cover sheet for you to consider using to send to school principals and administrators to explain this form. I hope this is helpful if you decide to use these forms. Please let me know if you have any questions.

Thank you for your time and attention.

Yours very truly,



Paul J. Willumstad

PJW:krd

Enclosures

pc: Barbara Duff w/enc.
Ralph Williams w/enc.

**DIOCESE OF PUEBLO
UNIVERSAL STUDENT INFORMATION/EMERGENCY SHEET AND RELEASE
AND
CONSENT FORM**

Note to School Administrators:

The attached form has been designed by the Superintendent of Schools in consultation with the Diocesan Legal Office to provide the information and parental consents that school administrations will need in a variety of situations. The primary purposes of this form are:

- to make convenient for school administrators,
- to reduce the volume and variety of paperwork that come from separate consent and release forms,
- to standardize the great variety of forms currently in use, and
- to make sure in advance that each school has received the necessary parental consents and information in case of emergency or disaster.

Please read this form carefully and create your own school form by inserting your school's name where indicated. However, please note that this form has been written to conform to various laws governing such things as the use and release of confidential information. Therefore, except where specifically indicated, **PLEASE DO NOT ALTER OR OMIT ANY PART OF THESE FORMS**. If you do so, the forms may become ineffective or even illegal.

This form is not designed to cover every situation in which a parental consent may be necessary, such as field trips or special activities. However, it is intended to cover first-aid, disasters, evacuations, emergency transportation, administration of medicines, counseling and most other situations in which medical information may need to be gathered and where medical treatment might need to be given. Once you have prepared this form, therefore, please discard any other form governing these situations.*

This form should be referenced and incorporated into each parent/student handbook, and should also be filled out by the parent or guardian, with the parent or guardian keeping a completed copy for his/her records.

*Note concerning administration of medicines to students: Some school administrations may not be willing to administer medicines to students. This form provides you with the opportunity, but not the requirement for you to agree if a parent requests you to handle medicine for students. If you decide to accept this responsibility, please observe the strict circumstances mentioned here, under which this may occur.

[INSERT NAME OF SCHOOL]
**UNIVERSAL MEDICAL INFORMATION/EMERGENCY CONTRACT/
RELEASE AND CONSENT FORM**

School Year:

Name of Student (Last, First, Middle)

Teacher Name:

Grade: _____

Student Address: _____

Street

Apartment

City

State

Zip

Home Telephone(____) _____

Siblings at school:

Name

Grade

Teacher

Name

Grade

Teacher

Student lives with (check all that apply):

_____Mother

_____Father

_____Guardian(s) (specify): _____

Father's _____ Legal Guardian's Information:

Name (Last, First)

Work Address:

Street City State Zip
Home Address (If Different from child's):

Street City State Zip

Home Phone (If Different from child's):(_) _____

Work Telephone: (____) _____ Mobile phone:(__) _____

____ Mother's __ Joint Legal Guardian's Information:

Name (Last, First)

Work Address:

Street City State Zip

Home Address (If Different from child's):() _____

Work Telephone: () _____ Mobil phone:() _____

Emergency Contacts:

	Name and Address	Telephone Number(s)
1.		
2.		
3.		
4.		

Student Medical Information:

Primary Care Physician:

Name

Address

Telephone

Emergency Physician:

Name _____

Address _____

Telephone _____

Dentist:

Name

Address

Telephone

Medical Conditions: (for example, diabetes, epilepsy, heart conditions, etc)

Disabilities:

Allergies: (for example, hay fever, strawberries, peanuts, etc.)

Medications:

Allergies to Medications:

Medicines to be Self-Administered by the Child: (See Below):

Dosage: _____ Frequency: _____

**CONSENT TO TREATMENT OF CHILD
AND HANDLING OF CONFIDENTIAL INFORMATION**

I am a parent or legal guardian of [INSERT NAME OF CHILD]
_____, ("MY CHILD") WHO IS A STUDENT AT [INSERT
NAME OF SCHOOL]_____. I have read,
understood and consent to the following concerning my child:

- 1. First-Aid/Emergency Treatment:** Without limiting other emergency powers that may be provided by law, I authorize school personnel to administer first aid to my child if the school administration deems it necessary or appropriate to preserve the life, limb or well-being of my child. If the school administration believes, in its sole discretion, that a medical necessity exists beyond that which can reasonably be dealt with on school grounds by school personnel, I authorize the school to contact and engage qualified medical personnel and arrange for emergency treatment of my child, including transportation either by school staff or by professional transport for medical, dental, surgical or hospital care of diagnosis, and I consent to that treatment for my child. Arrangements for treatment will be made in the following order of priority: 1) The "emergency physician" listed above; 2) the "primary physician" listed above; 3) another physician or health-care professional licensed by the State of Colorado. I understand and agree that I will be financially responsible for any such medical treatment.

- 2. Medical Supervision/Administration of Medicines:** I understand that the school is not legally obligated to store or administer medication for students and will not do so, either on a temporary or ongoing basis, except by special agreement. If I have indicated, by signing this paragraph below, that the school may administer medications to my child, and if the school has agreed to administer medications by signing this paragraph below, I authorize the school to administer the medicines listed on this form, as indicated, but recognize that the school does not thereby undertake any ongoing duty to administer drugs or medicine, or to supervise or participate in any self-medication or medical program or ongoing, routine or non-emergency needs of my child, all of which remain my responsibility. Before any medication is given by the school, I will provide those medications in their original pharmacy containers, with the child's name and doctor's instructions on the label, and I will provide a written, signed authorization from a physician, including complete instructions.

NOTE: ALL MEDICINES TO BE TAKEN ON SCHOOL GROUNDS, WHETHER SELF-ADMINISTERED OR ADMINISTERED BY THE SCHOOL (IF SCHOOL AGREES TO DO SO), MUST BE ARRANGED FOR IN ADVANCE, AND MUST BE PROVIDED IN THEIR ORIGINAL PHARMACY CONTAINER, INCLUDING THE CHILD'S NAME AND DOCTOR'S INSTRUCTIONS.

THE SCHOOL WILL NOT ADMINISTER MEDICINES UNLESS A PHYSICIAN'S WRITTEN AND SIGNED AUTHORIZATION, INCLUDING COMPLETE INSTRUCTIONS, IS ATTACHED TO THIS FORM.

In consideration of the arrangement indicated above, the undersigned hereby releases and discharges the Diocese of Pueblo, its constituent organizations, including but not limited to the School, and their respective officers, agents and employees for any and all claims for personal injuries or property damage that I or my child may suffer as a result of this arrangement whether or not such injuries or damages be caused by the negligence (whether active or passive) of any of the entities or individuals named or described above, excepting only injuries or damage resulting from Diocese's willful misconduct. I authorize and request the school to administer the above medications to my child on these terms.

Signature of Parent/Legal Guardian

On behalf of the School, I agree to supervise administration of the above medications, consistent with the terms contained herein.

Signature of School Principal

3. Release of Student to Qualified emergency/Medical Personnel and Third Parties:

Without limiting other emergency powers as may be allowed by law, in the event of disaster of medical necessity involving the life, limb or well being of my child in which it is necessary in the opinion of the school administration to transport my child from school property, or if it is necessary to evacuate the school grounds, the school will make a reasonable effort (in view of the nature of the necessity) to first contact a parent or legal guardian. If no parent/legal guardian is available, I authorize the school to release my child into the custody of third parties for the purpose of transporting my child from school grounds and arranging for such care as my child may need, in the following order of priority: 1) the persons listed above as emergency contacts; 2) qualified medical/emergency professionals; 3) another responsible adult.

4. Gathering, Use and Release of Medical Information: Without limiting other emergency

powers that may be provided by law, in the event of disaster or medical emergency, I specifically authorize the gathering, use and release to, from, and among the school personnel and to, from and among any medical professionals, of any medical information reasonably necessary to provide emergency medical care and otherwise ensure the life, limb and well-being of my child, including without limitation, the information contained in this form, until I can reasonably be notified and take custody of my child. **I understand that this information will be requested, gathered and/or released only for the purpose of providing first-aid or emergency medical care necessary in the absence of a parent or legal guardian, or as otherwise allowed by law.**

5. **School Athletics:** As a condition of participating in school athletics, the school reserves the right to obtain medical information regarding any physical or emotional condition or injury that pertains to my child's ability to participate safely and constructively in school sports, and to require a written medical clearance at any time before my child may participate in, or return to participation in, school sports activities during the school year. This information will be used solely to evaluate my child's ability to participate in school sports activities and will not be obtained by or disseminated to any third parties, except the school's coaches, administrators, trainers and athletic staff, and only for these purposes or as otherwise allowed by law.

6. **Psychological and Educational Information:** I understand that if any counseling services offered through the School, they are primarily short-term, temporary services aimed at the more effective education and socialization of my child within the school community, and to provide the means for teachers and the School Administration to serve my child and the school community more effectively. These services may involve the individual participation of my child, or the participation of my child in conjunction with family, teacher(s) and/or the School Administration. I understand that these services are not intended as a substitute for emergency psychological intervention, nor do they take the place of permanent, long-term, or comprehensive psychological counseling, therapy or medication, which are not responsibility of the School. I acknowledge that it is my sole responsibility to determine whether additional or different services are necessary, and whether to seek them for my child. I hereby give my consent for my child to receive counseling services through the School on these terms.

Because these School counseling services are primarily intended to serve my child as a member of the school community, in addition to circumstances otherwise allowed or required by law I authorize the counselor, in his or her discretion, to share any information, diagnosis or recommendation derived from these services, and only such information, with me or another parent or legal guardian of my child, my child's teacher(s), the school principal or other school administrators. Such information will be used only for the purposes of facilitating the education or socialization of my child or of the School community.

Date: _____

Parent/Guardian's Signature: _____

7. Children with Disabilities: I understand that the school is not legally obligated to accept children with disabilities nor does it have the same level of funding for personnel, equipment, and other resources that may be available to private and/or government supported institutions to care for individuals with disabilities. I understand and agree that the School will try, but in fact may fail in its attempt, to adhere to the special needs and circumstances pertaining to my child, and I specifically agree to assume the risk that the school may fail in its attempt, including but not limited to, its attempts to provide proper supervision and/or to prevent classroom/playground bumps, falls, and other incidental contact and/or any related cuts, scrapes, etc. I also understand that any special accommodations or programs that may be made for my child or other children may be discontinued in the discretion of the School administration.

If I have indicated above that my child has a disability, in consideration of my child's enrollment in the school I authorize the school to perform whatever tasks and to impose whatever conditions the school deems in the best interests and safety of my child, including limitations on activities, or provision of special activities or supervision, and I authorize the school personnel and administration to gather, use and disseminate to other school personnel information concerning my child's disability as is reasonably necessary to further the education of my child and the efficient operation of the school community.

I hereby release and discharge The Bishop of Pueblo, a Corporation Sole (Diocese of Pueblo) and its constituent organizations, including but not limited to the School, and their officers, agents and employees from any and all claims for personal injuries or property damage that I or my child may suffer while my child is enrolled at the school which arise out of or relate to my child's physical condition and the school's oversight of that condition, whether or not such injuries or damage are caused by the negligence (whether active or passive) of the Diocese, excepting only such injuries or damage resulting from the Diocese's willful misconduct.

INITIALS OF PARENT/GUARDIAN: _____

8. **General Terms of Parental Consent:**

CONFIDENTIAL MEDICAL OR EDUCATIONAL INFORMATION AS DESCRIBED IN THIS FORM WILL BE GATHERED, USED AND DISSEMINATED ONLY BY THE PERSONS AND ONLY FOR THE PURPOSES DESCRIBED IN THIS FORM OR AS OTHERWISE ALLOWED BY LAW.

THIS AUTHORIZATION IS EFFECTIVE ONLY FOR THE SCHOOL YEAR LISTED ABOVE, AND WILL EXPIRE ON JUNE 15, 20 . IT MAY BE REVOKED AT ANY TIME BY A WRITING SIGNED BY THE PARENTS. IF REVOKED, HOWEVER, THE SCHOOL RESERVES THE RIGHT TO SUSPEND OR TERMINATE THE ATTENDANCE OF THE CHILD AT THE SCHOOL.

I AGREE TO AND CONSENT TO THE ACTIONS DESCRIBED ABOVE AND

HEREBY GRANT AUTHORIZATION OF THE SCHOOL TO OBTAIN AND USE MEDICAL INFORMATION AND RECORDS BY THE PERSONS, FOR THE PURPOSES, AND DURING THE TIME DESCRIBED ABOVE.

I UNDERSTAND THAT I HAVE A RIGHT TO RECEIVE A TRUE COPY OF THIS AUTHORIZATION. BY MY SIGNATURE, I ACKNOWLEDGE THAT A TRUE COPY OF THIS AUTHORIZATION HAS BEEN RECEIVED BY ME.

DATED: _____

Signed: _____ Relationship to child: _____

Print name: _____