Emergency Medical Authorization (Please print) Grade ______

Student's name: ______________________ Birth date: ______ ____ ______

Address: ______________________ Home Phone ______________

Mother's (or Guardian's) Name ______________________

Where employed ______________________ Work phone __________ ext. ____

Father's (or Guardian's) Name ______________________

Where employed ______________________ Work phone __________ ext. ____

IF ABOVE PARENTS/GUARDIANS CANNOT BE REACHED, PLEASE CALL:

A) First contact's name______________________ Relationship ______________

Address ______________________ Work phone #__________ Home phone __________

B) Second contact's name______________________ Relationship ______________

Address ______________________ Work phone #__________ Home phone __________

Incase of accident or serious illness, I request the parish to contact me or my designate. If this cannot be done. I authorize the parish to call the physician or dentist listed on this form and to follow his/her instructions. If the physician or dentist named cannot be reached, the parish may seek medical services that seem necessary. I realize the parish does not assume responsibility for the payment of medical expenses.

Signature of parent or guardian ______________________ Date __________

In the event an emergency treatment is needed, I give the hospital , its authorized personnel and/or physicians permission to treat my son/daughter as necessary.

Signed ______________________ Date______________

Allergies ______________________

Medical problems ______________________

Taking medication Yes _____ No ___

If yes, type ______________________ Reason ______________

Physician/clinic ______________________ Phone __________

Dentist ______________________Phone _________ Hospital Preference __________ Phone ________

OR

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring medical treatment, I wish the parish authorities to take NO ACTION or TO: ______________

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Signature of Parent or Guardian ______________________ Date __________