

** Please fill out a form for EACH CHILD

PSR Grade_____

Religious Education
Emergency Medical Form

Student Name:_____

Address:_____

Home phone:_____ Cell phone:_____

Work phone:_____ Cell phone:_____

Purpose – to enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under parish authority, when parents or guardians cannot be reached.

Residential Parent/Guardian

Mother's Name:_____ Evening Phone:_____
First Last

Father's Name:_____ Evening Phone:_____
First Last

Other's Name:_____ Evening Phone:_____

Relative or childcare provider

Name:_____ Relationship:_____

Address:_____ Evening Phone:_____

COMPLETE BOTH SIDES

Part 1 or 2 MUST be completed

Part I: TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Medical Specialist: _____ Phone: _____

Local Hospital: _____ ER Phone: _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which the physician should be alerted:

Date: _____ Signature of Parent/Guardian: _____

Address: _____

Part II: REFUSAL TO CONSENT

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school/parish authorities to take the following action:

Date: _____ Signature of Parent/Guardian: _____

Address: _____
