(Please Complete Both Sides of This Form)

Emergency Medical Authorization Form for St. Mary's Parish School of Religion

Student Name	Grade
First Address	Last
	Zip
Telephone	
School Attending	
	to authorize the provision of emergency treatment for children who a. Mary's parish activities, when parents or guardians cannot be
Note—No medications of any kind will be ication, you must be present to administer to	stored for or administered to any child. If your child is taking med- the medication yourself.
Residential Parent or Guardian	
Mother's Name First	Last
Daytime Phone	Evening Phone
Father's Name Fi rst	Last
Daytime Phone	Evening Phone
Relative or Childcare Provider	
Name	Relationship
Daytime Phone	Evening Phone
	erations of which St. Mary's catechists should be made aware? vision, or other physical impairments, ADHD, etc.)
Explain	
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	Emergency Room Phone
administration of any treatment dee	o contact me have been unsuccessful, I hereby give my consent for (1) the med necessary by above named doctors, or, in the event the designated preby another licensed physician or dentist; and (1) the transfer of the child to
	major surgery unless the medical opinions of two other licensed physicians sity for such surgery are obtained prior to the performance of such surgery.
Facts concerning the child's medic impairments to which a physician st	cal history, including allergies, medications being taken, and any physical hould be alerted:
Date	Signature of Parent/Guardian Address
	Zip
	rgency medical treatment of my child. In the event of illness or injury rent the Parish School of Religion authorities to take the following action:
Date	Signature of Parent/Guardian
	Address
	Zip