(Please Complete Both Sides of This Form)

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

Student Name	Grade
Student Name First Address	
	Zin
Telephone	
School Attending	
1 0	authorize the provision of emergency treatment for children who Mary's parish activities, when parents or guardians cannot be
Note—No medications of any kind will be medication, you must be present to administer	stored for or administered to any child. If your child is taking r the medication yourself.
Residential Parent or Guardian	
Mother's Name	
First	Last
Daytime Phone	Evening Phone
Father's Name	
First	Last
Daytime Phone	Evening Phone
Relative or Childcare Provider	
Name	Relationship
Daytime Phone	Evening Phone
	ations of which St. Mary's catechists should be made aware? ion, or other physical impairments, ADHD, etc.)
Explain	

Part I: To Grant Consent

I hereby give consent for the following	llowing 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	ts to contact me have been unsuccessful, I hereby give my consent for (1) the deemed necessary by above named doctors, or, in the event the designated pre- ole, by another licensed physician or dentist; and (1) the transfer of the child to ble.
	ver major surgery unless the medical opinions of two other licensed physicians cessity for such surgery are obtained prior to the performance of such surgery.
Facts concerning the child's m impairments to which a physicia	dedical history, including allergies, medications being taken, and any physical an should be alerted:
Date	Signature of Parent/GuardianAddress
	Zip
Part II: Refusal to Conse	nt
2	emergency medical treatment of my child. In the event of illness or injury rewish the Parish School of Religion authorities to take the following action:
Date	Signature of Parent/Guardian
	Address Zip
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