

St. Ignatius Catholic Church

EMERGENCY MEDICAL AUTHORIZATION

Student Name _____

Grade _____ Birthdate: _____ Phone _____

Address _____ Zip _____

PURPOSE: TO ENABLE PARENTS AND GUARDIANS TO AUTHORIZE THE PROVISION OF EMERGENCY TREATMENT FOR CHILDREN WHO BECOME ILL OR INJURED WHILE UNDER CHURCH AUTHORITY, WHEN PARENTS OR GUARDIANS CANNOT BE REACHED.

Mother _____

Primary Phone _____ Secondary Phone _____

Father _____

Primary Phone _____ Secondary Phone _____

Other Emergency Contact _____

Relationship _____ Phone _____

Name of relative or child care provider: _____

Relationship _____ Phone _____

Address _____ Zip _____

Part I: TO GRANT CONSENT
OR
Part I: REFFUSAL CONSENT
MUST BE COMPLETED

PLEASE COMPLETE ON BACK OF THIS FORM

PART I OR II 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 _____

Hospital _____ Emergency Room# _____

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-name 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 of 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 impairment to which a physician or school personnel should be alerted.:

Signature of Parent/Guardian _____ Date _____

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 church authorities to take the following action: _____

Signature of Parent/Guardian _____ Date _____

Address _____