ST. PETER AND ST JOHN YOUTH RELIGIOUS EDUCATION PROGRAM
EMERGENCY MEDICAL AUTHORIZATION 2017-2018

CHILD'S NAME: ____

ADDRESS: ____

HOME PHONE: ___________________________ CELL PHONE: ____________________________

COMPLETE EITHER PART I OR PART II BELOW

PART I: TO GRANT CONSENT

In the event reasonable attempts to contact a parent/guardian have been unsuccessful, *I hereby give my consent* for the administration of any treatment deemed necessary by the designated preferred physician or dentist, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist, and the transfer of the child to the preferred hospital or any hospital reasonably accessible.

MOTHER/GUARDIAN: ____________________________________PHONE:_________________________

FATHER/GUARDIAN:_____________________________________PHONE:__________________________

OTHER PERSON TO CONTACT IF PARENT CAN'T BE REACHED:_______________________________________

RELATIONSHIP: _________________HOME PHONE:________________CELL PHONE:_______________

PREFERRED PHYSICIAN:__________________________________PHONE:________________________

PREFERRED DENTIST:____________________________________PHONE:________________________

MEDICAL SPECIALIST:____________________________________PHONE:________________________

PREFERRED HOSPITAL:____

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 we or a physician should be alerted:

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PARENT/GUARDIAN SIGNATURE: ____DATE:_____________

PART II: REFUSAL TO CONSENT *(DO NOT COMPLETE IF YOU HAVE SIGNED PART I)*

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

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PARENT/GUARDIAN SIGNATURE: ____DATE:____________________