ST. BRENDAN PARISH SCHOOL OF RELIGION 2020-2021 EMERGENCY MEDICAL AUTHORIZATION FORM (A separate form must be filled out for each registered child)

Child's Na	ame		_ Phone	_
Address			Zip	_
	1 0		provision of emergency treatment for childre ents or guardians cannot be reached.	n who
	<u>R</u>]	ESIDENTIAL PARENT	<u> TOR GUARDIAN:</u>	
Mother			Phone	
Father	First	Last	Phone	
Other _	First	Last		
	First	Last	Phone	-
		visable to send my child	home due to minor illness or injury, my chil	d can be
	o the following:	Relationshin	Phone	
	<u>P</u>	ART A OR B MUST I	BE COMPLETED	
PART A: T	O GRANT CONSENT FOR:	CHILD'S NAME:		
I hereby give	e consent for the following me	dical care providers to be cal	led:	
Physician _			Phone	
Dentist			Phone	
Medical Spe	ecialist		Phone	
Local Hospital			Emergency Room Phone	
Medical Insurance Provider			No:	_
treatment de Dr the event the	e designated preferred practitio	(preferred doctor), or Dr. ner is not available, by anoth	I hereby give my consent for (1) the administration of (preferred dentist) her licensed physician or dentist, and (2) the transfer of al) or any hospital reasonably acessible.	t) or in f the
	zation does not cover major su for such surgery are obtained		nions of two other licensed physicians or dentists, con such surgery.	curring in
physician sh	ould be alerted:		ations being taken, and any physical impairments to v	which a
Date	Signature of Parent /0	Guardian		
PART B: F I <u>do not</u> give treatment, I	REFUSAL TO CONSENT FOI e my consent for emergency me wish the PSR Administrator to	R: CHILD'S NAME edical treatment of my child. take the following action: _	: In the event of illness or injury requiring emergency	_