ST. JOSEPH SCHOOL
EMERGENCY MEDICAL AUTHORIZATION

If your child becomes ill or injured during school, emergency first aid will be given and you will be contacted and asked to arrange transportation home. Children who are injured or ill, will not be permitted to go home alone. Therefore, it is extremely important that you carefully fill out the emergency care information completely, listing parents' daytime contact information and giving at least two responsible parent substitutions.

In case of illness or injury, the school is authorized to proceed in the order below:

1) _____Phone _____ _____ _____
Parent Name Home Work Cell

2) _____Phone _____ _____ _____
Name Home Work Cell

3) _____Phone _____ _____ _____
Name Home Work Cell

4) _____Phone _____ _____ _____
Name Home Work Cell

Family Doctor_____Phone No._____
Medical Insurance Co._____ Contract No_____
Group No. _____ _____

In case of serious injury or illness, I hereby request and give my full consent for authorized school personnel to transport my child directly to the nearest hospital, or send by ambulance, if needed, and I will assume all financial obligations. I further authorize any licensed physician or dentist and/or hospital to provide necessary treatment. I understand this permission will continue to be in effect as long as the student is enrolled at St. Joseph Catholic School.

In case of early dismissal due to weather, etc., my child should:
____ Go home as usual

Other _____

MEDICAL INFORMATION:

_____ _____ _____ _____
(Child's Name) (D.O.B.) (Date of Last Tetanus Shot) (Allergies)

Current Medications _____Special Medical Problems:_____

_____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Date:_____ Parent/Guardian Signature:_____
Date_____ Parent/Guardian Signature:_____
Date:_____ Parent/Guardian Signature:_____
Date:_____ Parent/Guardian Signature:_____
Date:_____ Parent/Guardian Signature:_____
Date:_____ Parent/Guardian Signature:_____
Date:_____ Parent/Guardian Signature:_____