EMERGENCY TREATMENT RELEASE FORM

Parent/Guardian:
Your parish has adopted the following procedures in caring for your child when he/she becomes ill or injured at Religious Education classes. In certain cases if extreme emergency, an ambulance may be called immediately.
In most cases of emergency and/or need of medical/hospital care:

1. **The DRE/Catechist/Youth Minister will call the home.**
2. **If there is no answer at the home, the DRE/Catechist/Youth Minister will call the place of employment of the mother, father or guardian.**
3. **If there is no answer at the workplace, the DRE/Catechist/Youth Minister will call the other numbers listed and the physician.**
4. **If there is no answer at these numbers, the DRE/Catechist/Youth Minister will call the ambulance, if necessary, to transport the child to a local medical facility.**
5. **The DRE/Catechist/Youth Minister will continue to call the parent, guardian or physician until contact is made.**

Please sign and complete the following form:

If I cannot be reached, I request that the DRE/Catechist/Youth Minister act in the best medical interests of my child and I agree to assume all expenses for moving and medically treating him/her. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia, which may be carried out based on the medical judgment of the attending physician.

Signature of Parent/Guardian _____ **Date** _____

Student's Name: _____ Birthdate: _____Phone: _____
Last First Middle Mo. Day Year.

Parish: _____Home Address: _____
Street City State Zip

Mother/Guardian's Name: _____Father/Guardian's Name: _____

Mother's Place of Employment: _____Daytime Phone: _____

Father's Place of Employment: _____Daytime Phone: _____

If parents/guardian's cannot be reached, notify the following who will provide the transportation if necessary:

_____
Name Address Phone Cell

_____
Name Address Phone Cell

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

Indicate student's serious medical problems: _____

Student is allergic to: ( ) Penicillin ( ) Aspirin ( ) Other _____

Medical Insurance: _____

Company_____ ID# _____ Group # _____

Please return to your parish.