

EMERGENCY MEDICAL TREATMENT RELEASE FORM

To Whom It May Concern:

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed Medical Doctor in an emergency which, in the opinion of the attending physician, may endanger the life of the student, cause a disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor _____

Relationship to you _____

Reason for which release is intended : Religious Education classes at St. Agnes, Iron River.

Address of Minor _____

Phone _____

Emergency Phone _____

Family Physician _____

Phone _____ Address _____

City _____

List allergies, medication, contacts, or other pertinent information:

Health Insurance Data: Company _____

Policy _____

Group _____

Contract _____

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 _____

Signed _____

(Parent or Guardian)