



**Parish School of Religion**  
 Saint Mary of the Assumption  
 132 South High Street  
 Lancaster, Ohio 43130  
[www.stmarylancaster.org](http://www.stmarylancaster.org)

**Emergency Authorization Form**  
 2011-2012

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

## EMERGENCY MEDICAL AUTHORIZATION

**Purpose**—To enable parents and guardians to organize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

**Please indicate who should be called first:**

Mother's Name: \_\_\_\_\_ Father's Name : \_\_\_\_\_  
 Pager #: \_\_\_\_\_ Pager #: \_\_\_\_\_  
 Cell Phone : \_\_\_\_\_ Cell Phone : \_\_\_\_\_

**Emergency Contact if unable to reach parent:**

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Phone #: home \_\_\_\_\_ Cell: \_\_\_\_\_

Family Physician Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Family Dentist Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Preferred Hospital : \_\_\_\_\_

**PART I: TO GRANT CONSENT**

I hereby give consent for (1) the administration of any treatment deemed necessary by above-named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

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 the performance of such surgery.

Facts concerning the child's medical history, including allergies, medications taken, and any physical impairments to which a physician should be alerted:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Parent Signature

\_\_\_\_\_  
 Date

**PART II—TO REFUSE CONSENT:**

I **DO NOT** give consent for the emergency medical treatment of my child. In the event of illness or emergency treatment being required, I wish the school authorities to take no action or to: \_\_\_\_\_

\_\_\_\_\_  
 Parent Signature

\_\_\_\_\_  
 Date