ST. TERESA OF CALCUTTA CATHOLIC SCHOOL

EMERGENCY MEDICAL AUTHORIZATION FORM

PLEASE PRINT (Please Use Blue or Black Ink Only) Grade _____

Student Name _____ Birth Date _____ Bus # _____
(LAST) (FIRST) (MI) (If Applicable)

Home Address _____ Home Phone ( ) _____

Mother's Name (or Guardian Name) _____ Cell Phone ( ) _____

Place of Employment _____ Work Phone ( )_____Ext. _____

Father's Name _____ Cell Phone ( ) _____

Place of Employment _____ Work Phone ( ) _____Ext._____

IN CASE OF EMERGENCY, PLEASE CALL

1. First Contact Person _____ Relationship _____
   Address _____Phone # (____)_____ Second Phone # (___)_____
2. Second Contact Person _____ Relationship _____
   Address _____Phone # (____)_____ Second Phone # (___)_____
3. Third Contact Person _____ Relationship _____
   Address _____Phone # (____)_____ Second Phone # (___)_____

In case of accident or serious illness, I request the school to contact me or my designate. If this cannot be done I authorize the school to call the physician or dentist listed below and to follow his/her instructions. If the physician or dentist listed cannot be reached the school may seek medical services that seem necessary. I realize the school cannot assume responsibility for the payment of medical expenses.

Signature of Parent or Guardian _____ Date _____

Allergies: _____

Medical Problems: _____

Taking Medications: Yes _____ No _____ If **yes**: Type of Medication: _____

Reason _____

MEDICATION WILL BE ADMINSTERED AT SCHOOL ONLY ACCORDING TO CURRENT SCHOOL POLICIES.

Physician/Clinic: _____ Telephone # (_____)_____

Dentist: _____ Telephone # (_____)_____

Hospital Preference: _____ Telephone# (_____)_____

IN THE EVENT EMERGENCY TREATMENT IS NEEDED, I GIVE THE HOSPITAL AND/OR DOCTOR PERMISSION TO TREAT MY SON/DAUGHTER.

Signed _____ Date _____

OR

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring medical treatment, I wish the school authorities to take no action or to:

_____

_____

_____

Signed _____ Date _____