EMERGENCY MEDICAL AUTHORIZATION
ST. DOMINIC PARISH SCHOOL OF RELIGION EARLY CHILDHOOD PROGRAM

_____
STUDENT NAME

_____
ADDRESS

PURPOSE: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under St. Dominic Parish School of Religion Early Childhood Program authority, when parents or guardians cannot be reached.

RESIDENTIAL PARENT OR GUARDIAN:

Mother's Name	Mother's Home/ Cell/ Work Phone Nos.
Father's Name	Father's Home/ Cell/ Work Phone Nos.
Other Name	Other Home/ Cell/ Work Phone Nos.

PART I OR II MUST BE COMPLETED

PART I TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor's Name	Doctor's Phone No.
Dentist's Name	Dentist's Phone No.
Medical Specialist Name	Medical Specialist's Phone No.
Local Hospital	Phone No. (ER)

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, 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 dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

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

Date	Signature of Parent or Guardian
	Address

DO NOT COMPLETE PART II IF YOU COMPLETED PART I

PART II REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the St. Dominic Parish School of Religion Early Childhood Program authorities to take the following action: _____
_____

Date	Signature of Parent or Guardian
	Address