

**St. Michael Parish
Emergency Treatment Release Form
2017-2018**

Dear Parents/Guardians,

Your parish has adopted the following procedures for your child when he/she becomes ill or injured at Religious Education classes. In certain cases of extreme emergency, an ambulance may be called immediately.

In cases of medical emergency or accident:

1. The program coordinator will call the phone numbers you have provided.
2. If you are not reached at these numbers, your physician will be called or an ambulance will be called, if necessary, to transport the child to the local medical facility.
3. Based on the medical judgment of the attending physician, the child may be admitted to a local medical facility.
4. The program coordinator will continue to call the parent/guardian or physician until contact is made.

Please Complete The Form On The Other Side Of This Page And Return

Photo Permission

I _____ give permission to photograph my child and publish or display my child's work or photos for parish use.

Circle one:

Yes

No

Guardian Signature _____ Date _____

If I cannot be reached, I request that the program coordinator act in the best medical interests of my child. I agree to assume all expenses for medical transportation and medical treatment. 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

1. **Participant's Name** **Birth date** **Age**

Allergies/Medical Alert: _____

Medications and Dosages _____

Medication Instructions _____

Parent/Guardian Name **Home phone**

Address

Parent/Guardian phone **Cell**

Family Physician **Phone**

Medical Insurance **Company** **ID#** **Group #**

If parents/guardians cannot be reached, notify one of the following persons, who can provide transportation if necessary:

1. _____
Name **Phone**

2. _____
Name **Phone**