

Authorization for Emergency Medical Treatment

I, _____ [parent/guardian], understand that in the case of illness or injury to my child, _____ [child's name], the school/parish will try to notify me or the person I have listed above as an emergency contact. In case of medical emergency concerning my child, at a time when I or my listed emergency contact cannot be notified, I grant full power to the school/parish to 1) arrange for the transportation of my child, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and 2) sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility.

This Authorization for Emergency Medical Treatment is valid for a period of one year, from

_____ to _____.

Parents' Signature _____

Date of Authorization _____