

**Christ the Servant Parish School of Religion
2017-2018 Emergency Medical Form**

Please **PRINT** the following information on **both sides**.

Student's name _____

Parent(s)/Guardians name(s)

Phone number where parents can be reached during classes (9:15-10:45 AM on Sunday mornings):

Name _____ **phone number** _____

Name _____ **phone number** _____

Does the child spend alternating weekends with non-custodial parent that results in absence from PSR? _____

Is there limited custody or a court order? _____

Please indicate the name(s) of the person(s) with whom the student is permitted to leave:

Name _____ **Relationship to the student** _____

Name _____ **Relationship to the student** _____

Please list any allergies, food restrictions or medical concerns that we should need to know while working with your child during PSR:

Purpose: To enable parents/guardians to authorize the provision of emergency medical treatment for children who become ill or injured while under Church authority, when parents/guardians cannot be reached and to ensure the child's safety and well-being.

In case of an emergency, the following procedure will be followed:

1. Parent(s) will be notified.
2. Emergency medical treatment will be administered according to consent.
3. If necessary, 911 will be notified, according to consent.
4. If I cannot be reached, please contact _____

Relationship to student _____ **Phone #** _____

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2017-2018 Emergency Medical Form continued.....

Part I or Part II must be completed.

Part I: To grant Consent

_____ **I GIVE FULL PERMISSION** for medical attention to be given or to transport my child to a hospital if either I or the above-named representative cannot be contacted.

Preferred Hospital _____

Physician _____ Phone # _____

Medical information/concerns: Please note any allergies, medications, surgeries, or medical concerns that would be helpful in case of an accident or emergency.

Signature of Parent/Legal Guardian

Date

Part II: Refusal to Consent

_____ **I DO NOT GIVE PERMISSION** for any medical attention to be given to my child. In the event of illness or injury requiring emergency treatment, I wish Christ the Servant Parish authorities to take the following action:

Signature of Parent/ Legal Guardian

Date