

BOTH PARENTS MUST SIGN

FAMILY NAME _____

ST. HUBERT RELIGIOUS EDUCATION & YOUTH MINISTRY PROGRAM EMERGENCY TREATMENT RELEASE FORM 2020 – 2021

TO WHOM IT MAY CONCERN:

As parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor(s) in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. Necessary first aid may be given.

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

BOTH PARENTS MUST SIGN

Signed _____ Signed _____
(Circle) Mother or Legal Guardian (Circle) Father or Legal Guardian

ADDRESS _____
No. Street Village Zip

HOME PHONE (____) _____ WORK-FATHER (____) _____ WORK-MOTHER (____) _____

CELL PHONE (____) _____ PAGER NO. (____) _____

FAMILY PHYSICIAN _____ PHONE (____) _____

OTHER CONTACT IN CASE OF EMERGENCY (Someone available during class time)

NAME _____ PHONE (____) _____

NAME OF CHILD _____ GRADE _____ Specify medical allergies, chronic illnesses: _____ _____
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PLEASE LIST ANY ADDITIONAL CHILDREN ON THE BACK OF THIS FORM