Medical Information/Emergency Authorization for Treatment Form

Parent(s) Name:	
Child's Name:	Child's Name:
Child's Name:	Child's Name:

The undersigned, as parent/legal guardian of minor child(ren), listed above, hereby authorizes the principal or designee, into whose care the student has been entrusted, to render first aid/emergency transport, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis, treatment, and hospital care to be rendered to the student upon the advice of any licensed physician and/or dentist. It is understood that this authorization is given in advance of any required diagnosis treatment, or hospital care and provides authority and power to St. Raphael the Archangel Catholic Church to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary. I understand that St. Raphael the Archangel, its officers and its employees assume no liability of any nature in relation to the transportation of the student. I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be my sole responsibility as the student's parent/guardian.

HEALTH ALERTS: ***List any medical condition which restricts physical activity or requires special attention. Include conditions such as asthma and allergies, such as peanut and bee stings. If none, please indicate "none".***	

DOES THE STUDENT HAVE HEALTH INSURANCE? (Check One)	☐ **YES** ☐ **NO**

PRIVATE HEALTH INSURANCE NAME	GROUP NUMBER

If covered under more than one plan:

PRIVATE HEALTH INSURANCE NAME	GROUP NUMBER

Physician's Name	Medical Office
Phone Number	Phone Number

MEDICATION(s) ALLERGIES:	
CURRENT MEDICATION(s):	

I CERTIFY THAT I HAVE READ AND UNDERSTOOD THIS FORM AND DO HEREBY GIVE MY AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT, AND THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE AND CORRECT.

Parent/Guardian Name (Print)	Parent/Guardian Signature	Date