

Supplemental Emergency Medical Form - St. Elizabeth Ann Seton PSR Program

Child's First & Last Names _____ Age _____ Date of Birth _____

Parent(s)/Guardian(s) First & Last Names _____

Mailing Address _____
Street Address _____ City _____ Zip Code _____

Home Phone _____ Cell Phone(s) _____ Email _____

Child's Doctor _____ Phone _____

Hospital of Choice _____ Phone _____

Child's Dentist _____ Phone _____

Insurance Provider _____ Phone _____

List any **medical issues or concerns**: _____

List any **allergies or sensitivities** your child might have to any food, drink or materials that could be used during class _____

List any **medical allergies** _____

List any **medications** your child takes regularly (name and dosage) _____

Please list the names and phone numbers of person(s) to call in case of a serious medical emergency:

Name _____ Relationship to child _____ Phone(s) _____

Name _____ Relationship to child _____ Phone(s) _____

Name _____ Relationship to child _____ Phone(s) _____

Part I - Grant Consent

In the event reasonable attempts to contact me at the above numbers have been unsuccessful, I hereby grant my consent for (1) the administration of any treatment deemed necessary by the above medical professionals, or in the event the designated preferred practitioner or facility is not available, by another licensed medical practitioner, and (2) the transfer of the child to the above named facility or any reasonably accessible hospital.

The authorization does not cover any major surgery unless the medical opinions of two (2) other licensed physicians or dentists concur in the necessity for such surgery and concurrence is obtained before the surgery is performed.

X _____
Parent/Guardian(s) Signature _____ Date _____

Part II - Refusal of Consent

I do not give me consent for emergency medical treatment of my child. In the event of illness or emergency treatment being required, I wish the school authorities to take no action or to: _____

X _____
Parent/Guardian(s) Signature _____ Date _____