ST. CLARE OF ASSISI RELIGIOUS EDUCATION
EMERGENCY AUTHORIZATION & INFORMATION

Student Name: _____ Grade: _____

MEDICAL CONDITIONS: ***Please check one of the following:***

- ❑ My child has no medical or learning condition(s) that the Religious Education Office should be aware of.
- ❑ My child has the following medical or learning condition(s) that the Religious Education Office should be aware of:

Allergies: _____

_____

Other: _____

_____

Please complete:

1) **Physician:** _____ **Phone:** _____
2) **Dentist:** _____ **Phone:** _____
3) **Choice of Hospital:** _____

- **If emergency treatment is required and the parents cannot be reached immediately, do you give your consent for <u>EMERGENCY PROCEDURES</u> to be followed by the Religious Education Office?**
  1) Obtaining service of paramedics through 911
  2) Transporting to hospital by ambulance if deemed prudent
  3) Contacting physician where possible

  - ❑ **YES**
  - ❑ **NO**

- If "NO" has been indicated, please advise what action you wish our office to take.

_____

_____

_____

Must be signed and dated:

Parent/Guardian Signature:_____ Date: _____
(MM/DD/YYYY)

Phone: _____ _____
HOME # **CELL #**

* *

In situations when we are unable to pick up our child, I authorize the Religious Education Office to release my child to:

Name: _____ **Phone:**_____

Name: _____ **Phone:** _____