

Emergency Medical Authorization Form
St. Martin of Tours Religious Education Program 2017-2018

Child's Name _____ Gender M / F Grade _____ Age _____

Parent/Guardian Names _____

Birth Date _____ Home Phone _____ cell _____

Address _____ City _____ Zip _____

Child's Doctor _____ Phone _____

Child's Dentist _____ Phone _____

Hospital of Choice _____ Phone _____

Insurance Provider _____ Phone _____

Please list any medical issues/concerns: _____

Please list allergies or sensitivities your child might have to any food, drink, or materials that might be used during class: _____

Does your child have any medical allergies? (If yes, please list) _____

Are there any activities in which your child may not participate? _____

Please list names and phone numbers of person(s) to call in case of an emergency:

Name _____ Relationship to child _____

Phone _____ Cell _____

Name _____ Relationship to child _____

Phone _____ Cell _____

Part I – Grant Consent

In the event reasonable attempts to contact me at the above numbers have been unsuccessful, I hereby grant consent for (1) the administration of any treatment deemed necessary by the above medical professionals, or in the event the designated preferred practitioner or faculty 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 surgery performed.

Parent/ Guardian Signature: _____ **Date:** _____

Part II – Refusal to Consent

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

Parent / Guardian Signature: _____ **Date:** _____

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PHOTO RELEASE AND AUTHORIZATION

I (we) the parent (s) and /or guardian(s) of my minor child _____ Age _____

Do hereby consent and authorize the release, publication, dissemination, distribution, use and/or reproduction of any and all photographs taken of my (our) daughter/ son during her /his participation at St. Martin of Tours programs by an employee, agent or representative of St. Martin of Tours and may be used by St. Martin of Tours for any purpose determined at its discretion without further notice or any compensation to me or my daughter/son.

Parent(s) / Guardian Signature: _____ **Date** _____