

Student's Name \_\_\_\_\_

*Last*

*First*

Summer 2017 Class Student is Enrolled In: \_\_\_\_\_

### HOLY SPIRIT FAITH FORMATION EMERGENCY AUTHORIZATION SUMMER 2017

In case of an accident or serious illness, and we are unable to be reached, I hereby authorize Holy Spirit Faith Formation to call the physician listed below and to follow his/her instructions. If this physician is unable to be contacted, Holy Spirit Faith Formation may make whatever arrangements are deemed necessary.

EMAIL COMPLETED FORM TO: [faithformation@holyspirit-parish.org](mailto:faithformation@holyspirit-parish.org)

or MAIL TO or DROP OFF AT: Holy Spirit Parish Center, 620 East Kimberly Ave, Kimberly, WI 54136

Parent(s) or guardian name (*please print*) \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Hospital name & address \_\_\_\_\_

Local physician's name \_\_\_\_\_

Physician's address \_\_\_\_\_

Physician's telephone \_\_\_\_\_

Name of Ins. Co. \_\_\_\_\_ Member # \_\_\_\_\_ Group # \_\_\_\_\_

If your child/children are currently taking medication, please list:

Student's Name \_\_\_\_\_ Medication \_\_\_\_\_

If parents cannot be reached in emergency, please contact:

Name (first & last) \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

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### AUTHORIZATION FOR MEDICAL TREATMENT

I hereby authorize the treatment, administration of anesthesia or surgical treatment for my minor son /daughter \_\_\_\_\_ in the event of a medical situation occurring during my absence or when the hospital or physician(s) are unable to contact me. This authorization extends to any hospital, physician(s) and nursing personnel within the physician's staff. I release from medical responsibility and liability the hospital, physician(s) and nursing personnel for performing medical procedures acting on the authority of this medical consent form, which such medical providers deem necessary for my minor child.

Valid from June 1, 2017 through August 30, 2017

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Emergency Phone Number(s)*