

Father Marquette Catholic School

Emergency Medical Treatment Release Form

To whom it may concern:

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed medical doctor in an emergency which, in the opinion of the attending physician, may endanger the life of the student, cause a disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of minor _____ Relationship to you _____

Grade Level _____ Reason for which release is intended _____

Address of minor _____

Parent/guardian name(s) _____

Home phone _____ Cell phone _____ Other phone _____

Email address: _____

List allergies, medication, health conditions or other pertinent information:

Health insurance data:

Company _____ Policy # _____

Group _____ Contact _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Date _____ Signature _____

(Parent or Guardian)