

# Emergency Medical Authorization Form

St. Elizabeth Ann Seton Parish  
5890 Buckwheat Road, Milford, OH 45150  
PRP Program

Family Name \_\_\_\_\_ Home Phone \_\_\_\_\_

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

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

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

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

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell or Pager Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell or Pager Number \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

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Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured under school authority, when parents or guardians cannot be reached. Part I or Part II must be completed.

Part I: To grant consent

In the event reasonable attempts to contact me at \_\_\_\_\_ (phone) have been unsuccessful, I hereby give my consent for:

- 1) the administration of any treatment deemed necessary by Dr. \_\_\_\_\_ (preferred physician) at \_\_\_\_\_ (phone) or, Dr. \_\_\_\_\_ (preferred dentist) at \_\_\_\_\_ (phone) or, in the event the designated preferred practitioner I not available, by another licensed physician or dentist; and
- 2) the transfer of the child to \_\_\_\_\_ (preferred hospital) or any hospital reasonably accessible.

Special concerns or condition you should be aware of are: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

----- **(Do not complete Part II if you completed Part I)** -----

Part II: Refusal to consent

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

**\*Please complete the other side of this form\***

**Photo Release Form**  
St. Elizabeth Ann Seton Parish  
5890 Buckwheat Road  
Milford, OH 45150

To Give Consent:

I give my permission and consent for my son/daughter to participate in all photographs, videotapes, and likeness of image or interviews to be taken during the Parish Religion Program. I further give my permission and consent for any such photograph, videotapes, likeness of image or interviews to be published and used to illustrate, promote and advertise our Parish Religion Programs including but not limited to use in Setonotes and on the Internet Seton Web site.

Date \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_

-----Please sign just one -----

To Refuse Consent:

I do not give my permission and consent for my son/daughter to participate in all photographs, videotapes, and likeness of image or interviews to be taken during Parish Religion Programs.

Date \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_