

EMERGENCY MEDICAL FORM

OUR LADY OF VICTORY PARISH SCHOOL OF RELIGION

AUTHORIZATION FOR AGENT TO CONSENT TO TREATMENT OF A MINOR

PLEASE FILL OUT AS SOON AS POSSIBLE

AND THEN DROP IN COLLECTION BASKET AT CHURCH

OR MAIL TO OUR LADY OF VICTORY CHURCH, 73 NORTH AVE,

TALLMADGE, OH 44278

PLEASE, RETURN ASAP.

I (we), the undersigned, parent(s)/guardian(s) of:

_____	_____	_____	_____	_____
Child's Name	Home Phone	Grade	Room	Teacher

_____	_____	_____	_____
Address	City	State	Zip Code

do hereby authorize Our Lady of Victory Parish School of Religion as agents for the undersigned to consent to transport our child to the hospital named below or to the nearest medical facility for emergency treatment deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon licensed by law to practice.

This authorization shall remain in effect from September 1, 2020 through May 31, 2021 (Parish School of Religion School Year) unless revoked sooner in writing and delivered to said agent(s).

SIGNATURE OF PARENT(S) OR LEGAL GUARDIAN(S):

_____	_____	_____	_____
(Signature of Parent or Legal Guardian)	Cell Phone	E-mail Address	Date

_____	_____	_____	_____
(Signature of Parent or Legal Guardian)	Cell Phone	E-mail Address	Date

HOSPITAL: _____ EMERGENCY PHONE _____

FAMILY PHYSICIAN: _____ PHONE _____

MEDICATIONS (CURRENT): _____

ALLERGIES: _____

ADD'L. INFO: _____

**NO CHILD WILL BE ADMITTED TO CLASS UNLESS THIS
EMERGENCY FORM IS SIGNED AND RETURNED TO US.**