

St. John the Baptist Catholic School
204 Rufus Street
New Haven, IN 46774-1226

Emergency Medical Care Consent / Refuse to Consent

Note: Parents must sign either Part I (Consent...) or Part II (Refuse to Consent...) only once each school year. Parents are responsible for updating the information on this form during the school year should changes occur.

Part I. Consent to Emergency Medical Care

Name of Child/children: _____

In the event reasonable attempts to contact me at _____ (phone number) or _____ (other parent/adult) at _____ (phone number) have been unsuccessful, I hereby give my consent for:

1. The administration of any treatment deemed necessary by Dr. _____ (preferred physician) or Dr. _____ (preferred dentist), or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and
2. The transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery, are obtained before surgery is performed. My Health Insurance carrier is _____
Policy/Group/Claim No. _____

The following include any allergies the child may have, any medication the child may be taking and any other facts to which a physician or dentist should be alerted:

Date _____ Parent/Guardian Signature _____

Part II. Refuse to Consent to Emergency Medical Care

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 or to:

I fully understand what is involved in this trip and the foregoing form and I understand that I have the opportunity to call the school principal about any questions that I may have. I understand that I have the responsibility

Date _____ Parent/Guardian Signature _____