

Medical Insurance Company _____ Policy Number _____

Member's Name _____ Phone # h _____ w _____

Member's Birth Date _____

Family Doctor _____ Phone # _____

Part 1 -to grant consent

In the event that reasonable attempts to reach parent(s) or emergency contacts are unsuccessful I give consent for 1): treatment deemed necessary by the preferred practitioner or another licensed physician or dentist or 2): the transfer of the child to preferred hospital or any hospital reasonably accessible. This authorization does not cover major surgery unless the opinions of two licensed physicians or dentists deem it necessary. Please note any facts listed above concerning the child's medical history to which a physician should be alerted.

Mother signature

Date

Father signature

Date

Part 2 – refusal to consent

I do not give 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, including not calling 911, or to:

Mother signature

Date

Father signature

Date

IMPORTANT*****

Please indicate the area in which you live :

Area _____ (Mt. Lookout, Anderson, Oakley, etc).

Please list the public school district and the school that your child would attend if not at Cardinal Pacelli.

School District _____ (Cincinnati, Forest Hills, etc.)

School Name _____ (Kilgour, Mercer, Riverview, etc.)