

**SACRED HEART CATHEDRAL SCHOOL  
PERMISSION FOR EMERGENCY TREATMENT  
2012 - 2013**

On rare occasions an emergency may arise requiring hospitalization, surgery, and/or other medical treatment. Since in Florida students under 21 years might not be administered an anesthetic or operated upon without the written consent of the parent or guardian, we request that the parent or guardian sign the following statement. This is to prevent a dangerous delay in case an emergency does occur and we are unable to contact the parent or guardian. The Principal or the designated school representative will attempt to contact the parent, guardian or emergency contact person prior to exercising the emergency treatment consent.

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_ Grade \_\_\_\_\_

Allergies or Medical Conditions \_\_\_\_\_

Medications Used Routinely \_\_\_\_\_

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Allergies or Medical Conditions \_\_\_\_\_

Medications Used Routinely \_\_\_\_\_

In the event of injury and/or illness to my child (son/daughter/ward), I hereby authorize the principal or his designee to obtain and give consent to whatsoever medical treatment the principal or his designee deems necessary, including the administration of an anesthetic and surgery, and do hereby release the Pensacola-Tallahassee Diocese and Sacred Heart Cathedral School and the principal or his designee from any and all claims which may arise from obtaining and consenting to said medical treatment.

***I understand that every attempt will be made to contact the parent or guardian first and then the emergency contact person prior to any treatment.***

Please print the name of the Parent or Legal Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone or Pager \_\_\_\_\_

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

*If a parent cannot be reached:*

Emergency Contact Person \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone or Pager \_\_\_\_\_

Comments: \_\_\_\_\_