



## NAZARETH SCHOOL

### EMERGENCY MEDICAL TREATMENT

In the event of any emergency, I hereby give my permission to transport my child to a hospital for an emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of any emergency, if you are unable to reach me at the daytime telephone number that I provided on the permission slip, please contact:

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

FAMILY DR: \_\_\_\_\_ PHONE: \_\_\_\_\_

#### IMPORTANT STUDENT MEDICAL HISTORY

Wears contact lenses Y / N Allergies \_\_\_\_\_

Drug reactions: Y / N Explain type and what: \_\_\_\_\_

Medications now taking: \_\_\_\_\_

Any physical restrictions or conditions: \_\_\_\_\_

I also authorize the designated coach/supervisor to administer first aid with the understanding that Nazareth School had documentation that the designated coach/supervisor has basic first aid training.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Contact Number

\_\_\_\_\_  
Address

OFFICE USE ONLY

Money Paid:

Cash / Check # \_\_\_\_\_