

Newark Catholic Summer PE - 2015
Wednesday June 8-11th (4 days), plus June 15-18th (4 days)
Total of 8 days, 8am until 4pm

This form and the fee of \$50 are due by May 15th.
After May 15th the fee will be \$75.00

Emergency Medical Authorization

STUDENT _____ (circle) **Male / Female**
Date of Birth _____
ADDRESS _____ CITY _____
Contact in case of an Emergency: name: _____ (_____) _____
or: _____ (_____) _____
Health Insurance _____ Code (if needed) _____

PART I to Grant consent for Emergency Treatment
Student's medical history including allergies, medications being taken, and any physical impairment
to which a physician should be alerted.

In the event reasonable attempts to contact me at the above phone numbers have been unsuccessful, I hereby give my consent for:
(1) administration of any treatment deemed necessary by:

(Physician) Dr. _____
Address _____
Telephone_(_____) _____
(Dentist) Dr. _____
Address _____
Telephone_(_____) _____

If the designated preferred practitioner is not available, another licensed physician or dentist has my permission to give treatment.
(2) and 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 the surgery is performed.

Signature of Parent/Guardian giving consent _____
Date _____

PART II REFUSAL to Grant Treatment

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 or to:

Signature of Parent _____ Date: _____