



CONSENT TO EMERGENCY MEDICAL CARE

Please Complete One Form Per Child

Parent Information

The following form must be kept on file at HNJ Catholic School in the event of a medical emergency involving your child. You are probably aware that a physician will not treat your child without your consent. This form will allow the school personnel to expedite emergency medical care for your child until you can be reached. It is important that we have access to you or someone you trust within minutes should a major emergency occur. If you are to leave town for a day or longer, please see that we have this information available and current. **May we remind you that in order to keep our records current we need to be notified whenever you have a change of home phone, work phone, cell phone or address.**

Please keep in mind that this form will allow the principal, nurse or the teacher to give permission to the doctor or hospital to treat your child until you can be reached. You are asked to sign the release of liability and have the form notarized. This form must be signed in the presence of a notary. Our school Office Manager is a notary or you may use bank notary.

If your child has a particular medical problem or allergy, please be sure that all data is on or attached to this form. All students must have this form on file before they will be allowed to go on any field trips.

Student Information

Minor Child's Name: _____ Date of Birth: _____ Grade: _____
Parent/Guardian Name: _____
Full Address: _____
Emergency Phone Number: _____

Additional Information

Please include any allergies, immunization status and any pertinent medical history for each child:

Release of Liability

I agree to release the above named individuals and Holy Name of Jesus Catholic School and its staff from any liability arising from any decisions made in connect with treatment of my child/children.

Signature of Parent/Guardian: _____ Date: _____
Relationship to to Minor Child(s) _____

Notary Public

State of Florida _____ County of Brevard _____
The foregoing instrument was acknowledged before me this _____ day of _____, 20_____,
by _____ who is personally know to me or has
produced _____ as identification and who did take an oath.

Type or write name of Notary)
Notary Public, State of Florida