For year 2009-2010

Diocese of Wilmington
Immaculate Conception/St. Jude Parish

Emergency Treatment Release

Student's Name:_____ Birthdate:_____
Last First Mi.

Mother/Guardian's Name:_____

Home Phone:_____ Cell Phone:_____

Mother's Place of Employment:_____ Phone:_____

Father/Guardian's Name:_____

Home Phone:_____ Cell Phone:_____

Father's Place of Employment:_____ Phone:_____

If parents/guardians can not be reached, notify the following who will provide transportation if necessary:

1._____ Phone:_____ Cell Phone:_____
Name

2._____ Phone:_____ Cell Phone:_____
Name

Family Physician:_____ Phone:_____ Denist:_____ Phone:_____

Indicate student's serious medical problems:_____
dent is allergic to ( ) Penicillin ( ) Aspirin ( ) other:_____
dical Insurance:_____
Company ID # Group #

Parents/Guardian: (Please read, complete, and sign)
Your parish has adopted the following procedures in caring for your child when he/she becomes sick or injured at Religious Education/Youth Ministry classes.

In case of emergency and/or need of medical or hospital care:

1. The DRE/Catechist/Youth Minister will call the home. If there is not answer,
2. The DRE/Catechist/Youth Minister will call the father's, mother's or guardian's place of employment. If there is no answer.
3. The DRE/Catechist/Youth Minister will call the other telephone number(s) listed and the physician.
4. If none of the above answer, the DRE/Catechist/Youth Minister will call an ambulance, if necessary, to transport the to a local medical facility.
5. Based upon the medical judgment of the attending physician, the child may be admitted to a local medical facility.
6. The DRE/Cataechist/Youth Minister will continue to call the parents, guardians or physician until one is reached.

If I can not be reached and the DRE/Catechist/Youth Minister has followed the procedure described, I agree to assume all expenses for moving and medically treating this student. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia which may be carried out based on the medical judgment of the attending physician.

_____ _____
nature of Parent/Guardian Date

Must be completed for each child attending programs