

EMERGENCY MEDICAL AUTHORIZATION FORM

Child's Name: _____

Father's Name: _____

Mother's Name: _____

Address: _____ City/St/Zip: _____

Home Phone: _____ Cell/Other: _____

Consent: Please complete Part 1 or 2: This is to enable parents'/guardians to authorize the provision of emergency treatment to children who become ill or injured under Nursery authority, when parents or guardians cannot be reached.

Part 1: To Grant Consent

In the event reasonable attempts to contact me at (phone) _____ or _____ (other parent/guardian phone) _____ have been unsuccessful, I hereby give my consent for: The administration of any treatment deemed necessary by Dr. (preferred physician) _____ at (phone) _____ or Dr. (dentist) _____ (phone) _____ or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist: 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 dentist, concurring in the necessity for such surgery, are obtained before surgery is performed.

Parent / Guardian Signature: _____ Date: _____

Part 2: Refusal to Consent (do not sign if completed Part 1)

I **do not** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Nursery authorities to take no action:

Parent /Guardian Signature: _____ Date: _____

MANDATORY CHILD PROTECTION CERTIFICATION

In order to maintain safety guidelines, parents will be asked to assist the coordinator on a rotating schedule so that two adults are present at all times which necessitates registered parents to have attended the orientation for the Decree on Child Protection and also to have been fingerprinted by the Archdiocese. For information on class times and fingerprinting locations go to www.sttm.org - after entering the website, scroll down and click on Archdiocese Decree on Child Protection.

_____ Yes, I have been certified _____ No, I have not been certified