

Presentation of the Blessed Virgin Mary (PBVM) Faith Formation Emergency Release
2017-2018

STUDENT NAME _____ DOB _____

PERSONS TO WHOM YOU GIVE PRESENTATION PERSONNEL PERMISSION TO DISMISS YOUR CHILD IN THE EVENT OF AN EMERGENCY:

| <u>Name</u> | <u>Relationship to Child</u> | <u>Phone Number</u> |
|-------------|------------------------------|---------------------|
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WHAT ALLERGIES DOES THIS CHILD HAVE? _____

CHRONIC ILLNESSES (i.e., Asthma, Diabetes, heart Disease, epilepsy, etc)? _____

CONSENT FOR TREATMENT IF PARENT/GUARDIAN CANNOT BE REACHED:

I understand that if PBVM authorities feel it is necessary for my child to receive medical treatment (paramedics, ambulance, etc.), they will act accordingly. I understand that PBVM Faith Formation does not assume responsibility for payment of a physician.

(We) the undersigned parent(s) or legal guardian of this minor child, do hereby authorize a representative of the PBVM as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care that is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the California Medicine Practice Act, on the medical staff of an accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required and is given to provide authority and power on the part of the above-mentioned agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care that the above-mentioned physician in the exercise of his or her best judgment may deem advisable.

This authorization shall remain effective until the end of the current school year, unless sooner revoked in writing and delivered to the above-mentioned agent(s).

PARENT SIGNATURE _____ DATE ____/____/____