

## EMERGENCY MEDICAL CARE PERMISSION FORM

I request the St. Agnes TCU director or staff member in charge to take whatever steps may be necessary to obtain emergency care, if warranted. These steps may include but are not limited to the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact a parent through any of the persons listed on the school emergency care.
4. If we are unable to contact you or your child's physician, or in a time critical situation, we will do the following:
  - a. Call the paramedics and render care as determined by the specific case.
  - b. Transport the child to a hospital emergency room in the company of a St. Agnes TCU staff member and /or director.
5. The child's family will pay any hospital or ambulance expense incurred under the above.

I also hereby request that emergency treatment by physicians who staff a hospital emergency room be given to my child \_\_\_\_\_ when their professional judgment deems immediate treatment necessary.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Business telephone: \_\_\_\_\_

Cellular number: \_\_\_\_\_

Father's name: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Business telephone: \_\_\_\_\_

Cellular number: \_\_\_\_\_

Physician to call in an emergency: \_\_\_\_\_

Physician's telephone: \_\_\_\_\_

Hospital preference (due to insurance, etc.) \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Dentist to call in an emergency: \_\_\_\_\_

Dentist's telephone: \_\_\_\_\_

Dental Insurance Company: \_\_\_\_\_

Two people you recommend we call if you (or your spouse) cannot be contacted:

1. \_\_\_\_\_ Phone number: \_\_\_\_\_

2. \_\_\_\_\_ Phone number: \_\_\_\_\_