Munising Baptist School

EMERGENCY TREATMENT RELEASE FORM

(one per student -- please fill in **all** blanks)

FAMILY INFORMATION	
Name of Student:	Grade:
Home Phone:	Date of Birth:
Father's Name: Address: Home Phone: Cell Phone:	Work Phone: Place of Employment:
Mother's Name: Address: Home Phone: Cell Phone:	Work Phone: Place of Employment:
MEDICAL INFORMATION	
Family Physician:	Phone:
Preferred Hospital:	City:
Health Screening Survey: ***PLEASE COMPLETE THE BACK SIDE***	
LOCAL EMERGENCY CONTACTS List two responsible adults, who in the case of an emergency, will assume responsibility for your child if parents cannot be reached	
Name: Address: Relation:	Home Phone: Work Phone:
Name: Address: Relation:	Home Phone: Work Phone:

As a parent and/or legal guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the above named minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after reasonable effort has been made to reach me. Necessary first aid may be given by the school. This release form is being completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Parent's Signature: _____ Date: _____