

LITTLE FLOWER FOUNDATIONS/CHOSEN 2018 – 2019

Child Name: _____

Child Date of Birth: _____

Parents Information (names/address/phone): _____

Registering for: Foundations (K-6) Sundays, 9:30 – 10:45 am

Chosen (7 & 8) Second Sunday of each month 5:30 – 8:00pm

School attending Fall 2018: _____ Grade: _____

Sacraments Received: Baptism Y/N Reconciliation Y/N First Communion Y/N

There are times when pictures may be taken of your child for promotional purposes.
Please indicate your preference, and sign:

Permission given Permission not given Signature _____

2018-2019 EMERGENCY MEDICAL AUTHORIZATION FORM

Purpose – to enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school/parish authority when parents or guardians cannot be reached.

PRIMARY CONTACTS (Residential Parents or Guardians)

Name _____ Day Phone _____
 First Last

Name _____ Day Phone _____
 First Last

SECONDARY CONTACT

Name _____ Day Phone _____

Relationship _____

Medical Conditions/Allergies/Physical Impairment: _____

Prescription medications: _____

PART I OR II MUST BE COMPLETED

PART I: TO GRANT CONSENT

I hereby give consent for the following medical care provider to be called:

Physician _____ Phone _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Signature of Parent/Guardian _____ Date _____

PART II: REFUSAL TO CONSENT

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 school authorities to take the following action:

Signature of Parent/Guardian _____ Date _____

Any additional comments? _____

