

**Medical Treatment Authorization
St. Monica Religious Education Program
2017-2018**

To Whom it May Concern:

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me. This medical treatment release is for all St. Monica Parish Religious Education classes and events.

Name of Minor Relationship to you

Address of Minor

Emergency Phone(s)

Family Physician

Phone Hospital Preference

Physician Address City, State, Zip

Family Health Insurance company

Policy # Group # Contract #

List Allergies, medications, contacts, or other pertinent comments

I further authorize the person who presents the minor to sign the Acknowledgment of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date Signed

(Parent or Guardian)

Print Parents/Guardians Names

Best telephone numbers to reach you both in an emergency.