

Please print student's

Last Name _____ First Name _____ ID# _____



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THIS EMERGENCY MEDICAL TREATMENT AND RELEASE FORM MUST BE COMPLETED AND RETURNED WITH A PHOTOCOPY OF THE STUDENT'S MEDICAL INSURANCE CARD

EMERGENCY MEDICAL TREATMENT AND RELEASE FORM

I/We, the undersigned parent(s), do hereby authorize officials of Don Bosco Technical Institute to obtain any necessary emergency medical treatment for my son in the event I/we cannot be reached immediately.

In the event physicians, other persons named in this form, or parents, cannot be contacted, the school official responsible at the time of the emergency is hereby authorized to take whatever actions is deemed necessary in the judgment of professional medical personnel, for the health and safety of my son.

I/We will not hold the school or any school employee or officer financially responsible for the emergency care and/or transportation of my son for emergency care.

Please specify below what each party other than parent and or guardian is authorized for:

Adult Full Name: _____ Cell Phone: _____ Home Phone: _____	Relationship to Student <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <small>Must be over 21 years old</small> <input type="checkbox"/> Other: _____	Scope of Authority <input type="checkbox"/> Attendance/Health Matters <input type="checkbox"/> Pick-Up Student <input type="checkbox"/> Attendance/Health Matters
Adult Full Name: _____ Cell Phone: _____ Home Phone: _____	Relationship to Student <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <small>Must be over 21 years old</small> <input type="checkbox"/> Other: _____	Scope of Authority <input type="checkbox"/> Attendance/Health Matters <input type="checkbox"/> Pick-Up Student <input type="checkbox"/> Attendance/Health Matters
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By signing this form, the undersigned is authorizing the aforementioned adult's authority as specified.

Print Parent/Guardian Name:	Print Parent/Guardian Name:
Signature:	Signature:
Contact #:	Contact #:
Date:	Date: