

EMERGENCY CONSENT FORM

ST. ANASTASIA SCHOOL
629 Glen Flora
Waukegan, IL 60085

It may occur that St Anastasia School may have to bring your child to the Emergency Room Facilities for treatment. Any person 17 years of age or younger cannot authorize treatment for himself or someone else. To assist you in obtaining treatment in such cases, we provide this form for you to complete if you wish to do so. After both parents sign the form, return it to St Anastasia School Office. If an emergency situation should arise, we will still attempt to contact you at the numbers on file at the School Office.

To Dr. _____ or emergency Physician on duty.

Date: _____

This is to authorize any emergency treatment for our children in the event neither of us can be readily located to give permission to treat.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Name of Child	Date of Birth	Allergies/Physical Disabilities
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Physicians Name _____ Phone Number _____

Insurance Company _____ Policy Number _____

Other Pertinent Information: _____

For Office Use Only:

_____ Registration Fee Paid