

**EMERGENCY MEDICAL TREATMENT**

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above number, contact:

NAME & RELATIONSHIP: \_\_\_\_\_

PHONE: (    ) \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ PHONE:(    ) \_\_\_\_\_

I also authorize the designated supervisor to administer first aid with the understanding that the **Sacred Heart School** had documentation that the designated supervisor has basic first aid training.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Emergency Phone Number