

Release for Emergency Care

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child: (Child's Name) _____

In the event of emergency contact parents at:

Name _____ Contact phones (home) _____
(cell) _____ (work) _____

Name _____ Contact phones(home) _____
(cell) _____ (work) _____

**** In the event of an emergency at which time I cannot be reached, I give consent to transport by ambulance if the situation warrants it. *In this event please contact***

Name: _____
(other than signed below)

Relationship: _____ Phone: _____

If in the Rochester area I prefer my child is treated at: _____ Olmsted Medical Center
_____ Saint Mary's Hospital

I understand that I am responsible for all expenses associated with above medical treatment.

Family Physician's Name: _____ Phone: _____

Family Dentist's Name: _____ Phone: _____

Child's Birthdate _____

Medical conditions, diet restrictions: _____

Allergies: _____

Medications currently taking: _____

Date of last DPT or Tetanus: _____

Insurance Company Covering Students: _____

Policy Number: _____ Expiration Date: _____

Date

Signature of Parent or Guardian

This form is kept on file for the current SEMYO season. The information is taken along for offsite SEMYO events (tours, retreats etc.) Please notify the SEMYO office with pertinent updates.