

SERVICE DAY
SAINT CLEMENT PARISH
APRIL 24, 2010

EMERGENCY AUTHORIZATION
ONE FORM PER CHILD PLEASE
(please print or type)

Student's full legal name _____

Legal home address _____

Date of birth ____/____/____ S.S.N. _____ - _____ - _____

Cell phone (Mother) (____) _____ (Father) (____) _____

Home phone (____) _____ Work (M) (____) _____ Work (F) (____) _____

We ask that all parents participating in Service Day off campus carry a cell phone in case of an emergency.

Emergency relative _____ phone # (____) _____

Emergency physician _____ phone # (____) _____

Allergies (food, medication, bee sting, etc.) _____

IN CASE OF AN EMERGENCY INVOLVING MY CHILD, AND A PARENT/GUARDIAN CANNOT BE CONTACTED, I AUTHORIZE **MAGGIE BYRNES, JENNIFER KENDALL OR JOANNA KUEBEL** (Saint Clement Staff & Volunteers) TO OBTAIN MEDICAL CARE FOR MY CHILD. I UNDERSTAND THAT MY CHILD WILL BE TAKEN TO CHILDREN'S MEMORIAL HOSPITAL. FURTHERMORE, IF THE TREATMENT IS NECESSARY FOR ILLNESS OR INJURY, I AUTHORIZE THE USE OF OUR FAMILY MEDICAL INSURANCE COMPANY.

Company name _____ Phone # (____) _____

Policy # _____ Billing address _____

Employer _____ Phone # (____) _____

Parent/guardian name _____

Parent/guardian signature _____

DOCTOR'S AUTHORIZATION IS REQUIRED FOR THE FOLLOWING SECTION:

Daily Medication (include name of drug and consumption schedule) _____

Doctor's Signature _____ Date _____

This form must be returned to Saint Clement Church by **Friday, April 16**. Attn: Service Day