

**Altar Serve Appreciation Day 2011**  
**Diocese of Grand Rapids, Required by OCS for Field Trips, Medical Treatment Release Form, 2011, Grade in 2011: \_\_\_\_\_**

To Whom It May Concern:

As a parent/guardian, I do hereby authorize first aid/medical treatment for my child in the event of an emergency which may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. It is understood that efforts will be made to reach me prior to treatment, if at all possible.

Child's Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Last First Middle: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Street City Zip: \_\_\_\_\_

In the event of emergency/illness, which parent should be contacted first?

\_\_\_\_\_  
Father's Work Phone: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_

Mom's Cell Phone: \_\_\_\_\_

Dad's Cell Phone: \_\_\_\_\_

\_\_\_\_\_  
Pager(s)

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

List allergies, medication, medical conditions, contacts, or other pertinent comments: \_\_\_\_\_

Health Insurance Data:

Company Policy: Group: \_\_\_\_\_ Contract: \_\_\_\_\_

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This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. I understand that information from this form will utilized as needed by school and athletic personnel as necessary.

I certify that I am the (check one) \_\_\_\_\_ custodial parent \_\_\_\_\_ legal guardian of the minor child named above, and I agree to the above terms for myself and for my minor child.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

(Parent or Guardian)