

# ST. PAUL LUTHERAN CHURCH & SCHOOL 2017-2018

## Emergency Medical and Surgical Treatment Form

The patient and others whose signatures are attached below do hereby consent to any and all medical and surgical treatments including anesthesia and operations which may be deemed advisable by his or her physicians and surgeons. The intention hereof being to grant authority to administer and to perform all and singularly any examinations, treatments, anesthetics, operations, and diagnostic procedures which may now or during the course of the patient's care be deemed advisable or necessary. We also agree that the patient when admitted is to remain in the hospital until his or her physician recommends the patient's discharge. In witness of our consent and agreement to the matters stated in the three preceding sentences relating to the time period from **August 16, 2017 through May 31, 2018** (the current school year). We have subscribed our signatures below:

\_\_\_\_\_  
Minor Patient (student)

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Homeroom

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Date

Medical Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Student's Address: \_\_\_\_\_ Age: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Business: \_\_\_\_\_ Business: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Allergies: \_\_\_\_\_

**This form is to be used by the sponsor after every effort is made to contact the parent or guardian and only in the case of an emergency.**