

SESR ATHLETIC ASSOCIATION EMERGENCY MEDICAL TREATMENT FORM

In the event of a medical emergency and I (we) cannot be reached, I (we) give consent to St. Elizabeth Ann Seton Catholic Church and St. Robert Bellarmine Catholic Church and/or participating organizations, including their associations, agents, employees and officers to obtain through physician or hospital of their choice, such medical care as is reasonably necessary for the welfare of my (our) child in the event he/she is injured during the course of athletic activities being sponsored by said church organizations.

In addition to the aforementioned permission, the following information is needed by any hospital or practitioner not having access to my (our) child's medical history:

PLEASE PRINT

Family Doctor _____

Known Drug Allergies _____

Date of Last Tetanus Shot _____

Any & All Medications Being Taken _____

**Other Pertinent Facts About Which
A Physician Should Be Alerted** _____

Child's Name _____

Address _____

Telephone # _____

Name of Parish _____

Parent or Guardian _____

Signatures _____

Note: If there are two parents or guardians, both must sign.

