Carroll Catholic School

111 Fourth Street, Lincoln, Illinois 62656

ATTACHMENT A
AUTHORIZATION FOR
EMERGENCY MEDICAL TREATMENT

This information will be kept in the possession of the parish and distributed to the person in charge of each and every trip on which my child participates, or athletic activity. Should the need arise, this information will be given to the proper medical authorities.

I, _____, understand that in the case of illness of my child,
Parent or guardian's name

_____, Carroll Catholic School will try to notify me
Child's Legal Name

or the person I have listed on the medical information form as an emergency contact. **This**

Authorization is valid between <u>August 15, 2007 and August 14, 2008.</u>

In case of medical emergency concerning my child, at a time when I or my listed emergency contact cannot be notified, I grant full power to the parish or school supervising employee to do as follows:

1. Arrange for the transportation of my child, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and

2. Sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility.

_____ _____

Signature of Parent/Guardian Signature of Parent/Guardian

_____ _____

Printed name of Parent/Guardian Printed name of Parent/Guardian

Date:_____ Date:_____

STATE OF ILLINOIS)
) SS.
COUNTY OF LOGAN)

SIGNED AND SEALED before me this _____day of_____,20____.

_____

NOTARY PUBLIC

2/24/03