

EMERGENCY TREATMENT CONSENT FORM

ST. LOUIS UNIVERSITY HIGH SCHOOL - PLEASE PRINT ALL INFORMATION

STUDENT LAST NAME, FIRST NAME	ADDRESS	PHONE #
FAMILY DOCTOR	ADDRESS	PHONE #
FATHER'S EMPLOYER	ADDRESS	PHONE #
MOTHER'S EMPLOYER	ADDRESS	PHONE #

In case emergency treatment is needed for your son, he will be taken to St. Mary's Hospital or the nearest hospital to where the injury takes place UNLESS a specific hospital has been indicated on your son's health record in the Assistant Principal's office. The coach or moderator has a list of these specified hospitals.

I hereby give permission to a physician to administer emergency treatment to the above named student

FATHER'S SIGNATURE	MOTHER'S SIGNATURE
DATE: _____	DATE: _____