

Emergency Form

Student's Name _____

Mailing Address _____

City, State, Zip Code _____

Cell or Home Number _____

Email Address _____

Grade in Fall 2021 _____ Current School _____

Parent/Guardian _____

Work/Emergency Contact Number _____

Fourth – Eighth graders must make a first, second, and third choice for each period. Every effort is made to place students in first choice classes.

I, the undersigned parent/legal guardian of _____, a minor, do hereby authorize St. Paul's School, their agents and/or employees, to notify my physician, _____, phone number: _____, or in the event that such physician cannot be contacted, consent to any x-ray, examination, anesthetic, medical or surgical diagnostic care or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any medical clinic or hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital. It is understood that this authorization is given in advance of any specific diagnosis, on the part of the aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which any physician in the exercise of his/her best judgment may seem advisable. This authorization shall remain effective until _____, 20____, unless sooner revoked in writing and delivered to said agent. It is understood and agreed that any such medical care rendered pursuant to this authorization shall be at the sole expense of the parent/legal guardian of the child.

Date _____ Parent/Guardian _____

Address _____

Relationship to Student _____ Telephone/Cell # _____