

**DIOCESE OF DES MOINES**  
**Catholic Schools Policies/Regulations**

*This form appears in the Parent Permissions in Power School. In the event the school is not using Power School for its Student Information System, parents must complete this form.*

**Diocese of Des Moines**  
**Emergency Medical Treatment Authorization**

In the event of an emergency, I hereby give permission for the school to seek and to transport or have transported my child, \_\_\_\_\_, to a hospital for emergency medical treatment.

I wish to be advised prior to any further treatment by the hospital, surgical center or doctor. Please try to reach me at one of the following telephone numbers:

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

Cell: \_\_\_\_\_

In the event you are unable to reach me, please contact:

\_\_\_\_\_  
Name and Relationship

\_\_\_\_\_  
Phone/Cell Number

\_\_\_\_\_  
Family Doctor

\_\_\_\_\_  
Doctor's Phone

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Regulation Adopted: March 12, 2007

Regulation Revised: January 30, 2020