

DIOCESE OF DES MOINES
Catholic Schools Policies/Regulations

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:

Home: _____

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: May 19, 2008

Regulation Reviewed: March 25, 2013