

**Medical Release**  
**Blessed Sacrament Parish Community**

Today's Date \_\_\_\_\_

Name of Student \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_  
(Name) ( If parents are unavailable)

**Part 1: To Grant Consent**

I hereby give consent for the following medical care provider's and local hospital to be called:

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital (circle one) Trumbull, **330-841-9011**, Akron Children's Urgent Care, **330 856-9699**  
St. Joe's **330-841-4000** Other \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctors, or, in the event the designated practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any reasonably accessible hospital.

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a doctor should be alerted:

ALLERGIES / MEDICAL CONDITIONS/ EDUCATIONAL SITUATIONS:

\_\_\_\_\_  
\_\_\_\_\_

My child has an aide at school Yes No Please elaborate \_\_\_\_\_

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

Relationship to student \_\_\_\_\_

**Part 2: Refusal To Consent**

I do **NOT** give my consent for the emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Church authorities to take the following action:

\_\_\_\_\_  
\_\_\_\_\_

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

Relationship to Student \_\_\_\_\_