

ST. PAUL LUTHERAN CHURCH & SCHOOL

2021-2022

Emergency Medical and Surgical Treatment Form

The patient and others whose signatures are attached below do hereby consent to any and all medical and surgical treatments including anesthesia and operations which may be deemed advisable by his or her physicians and surgeons. The intention hereof being to grant authority to administer and to perform all and singularly any examinations, treatments, anesthetics, operations, and diagnostic procedures which may now or during the course of the patient's care be deemed advisable or necessary. We also agree that the patient when admitted is to remain in the hospital until his or her physician recommends the patient's discharge. In witness of our consent and agreement to the matters stated in the three preceding sentences relating to the time period from **August 17, 2021 through May 27, 2022** (the current school year). We have subscribed our signatures below:

Minor Patient (student)

Signature of Parent

Homeroom

Signature of Guardian

Date

Medical Insurance Company: _____

Policy #: _____

Student's Address: _____ Age: _____

City, State, Zip _____ Home Phone: (____) _____

Father's Name: _____

Mother's Name: _____

Business: _____

Business: _____

Work Phone: (____) _____

Work Phone: (____) _____

Cell Phone: (____) _____

Cell Phone: (____) _____

Allergies: _____

This form is to be used by the sponsor after every effort is made to contact the parent or guardian and only in the case of an emergency.