

**HOLY SPIRIT CATHOLIC SCHOOL
EMERGENCY MEDICAL RELEASE
HSCS LEGO Camp August 11 - 15**

CHILD'S NAME _____ DATE _____

I hereby give my permission for an appointed HOLY SPIRIT CATHOLIC SCHOOL CHAPERONE to authorize qualified emergency medical treatment if the necessity arises, including treatment at any hospital, by any licensed medical doctor or other qualified medical personnel for the above named child. In the event of an emergency, every effort will be made to contact the parent or legal guardian.

FATHER'S NAME

MOTHER'S NAME

Work Phone Number

Work Phone Number

Home Phone Number

Home Phone Number

Alternate contacts if parents can't be reached:

#1 _____

Work Phone _____

Home Phone _____

#2 _____

Work Phone _____

Home Phone _____

Child's Doctor: _____

Phone: _____

BRIEF MEDICAL HISTORY

ALLERGIES _____

MEDICATIONS _____

OTHER PERTINENT INFORMATION _____

Parent / Guardian Signature Date

Parent / Guardian Signature Date