

Catholic Diocese of Saginaw
St. Jude Thaddeus Parish, Essexville, MI
MEDICAL TREATMENT AUTHORIZATION
ONE form per child is required by Diocese

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: _____ Relationship to you: _____

Any allergies _____

Any Medications: _____

Other health concerns _____

(If registering additional children please use additional forms)

Reason for which release is intended: Field Trip/experience off parish grounds or during a supervised event on parish grounds during which parents are not present and in the event of an emergency and medical treatment is warranted.

Address and City of Minor: _____

Emergency Phone(s) (_____) (_____)

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: _____

Parent or Guardian Signature _____