

Queen of the Rosary Religious Education

680 Elk Grove Blvd., Elk Grove Village, IL 60007
847-437-3349 • Fax 847-437-8961

IMPORTANT!
Please complete
both sides

Medical Information Authorization for Medical Treatment

To Whom It May Concern:

In the event that the undersigned, or my physician, cannot be reached and in the judgment of the Director of Religious Education or other appropriate staff member, there is necessity for immediate examination and/or treatment of my child, I hereby request and authorize any of the aforesaid personnel to obtain for my child such medical services as are deemed necessary. I agree to assume the financial responsibility for any diagnosis/treatment and for medication deemed necessary.

Date Release is intended: September, 2016 through May 2017

Family Last Name(s) _____

Father's Name _____ Home Phone _____

Business Phone _____ Cell/Other _____

Mother's Name _____ Home Phone _____

Business Phone _____ Cell/Other _____

Emergency Contact: _____ Phone _____

Relationship to child (circle one): Grandparent / Other Relative / Friend / Neighbor

Name of Physician _____ Phone _____

Address _____

Medical Insurance Company _____ Insurance # _____

Child's First Name	Medical Condition	Explain Medical Condition (Allergies, etc.)	List Medication(s) Taken
_____	Y/N	_____	_____
_____	Y/N	_____	_____
_____	Y/N	_____	_____

Signature of: Father / Mother / Legal Guardian (please circle one)

Date