

**DIOCESE OF YAKIMA  
MINISTRY & EDUCATION CENTER**

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FOR MINOR  
AND RELEASE OF ALL CLAIMS**

I, \_\_\_\_\_ am the father/mother/legal guardian of  
\_\_\_\_\_, a minor.

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In case of emergency, I can be reached at the following phone numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Friend: \_\_\_\_\_

I give my consent for medical treatment as set forth below.

1. The administration of any emergency treatment deemed necessary by a registered nurse, a licensed physician or dentist and
2. The transfer to any hospital reasonably accessible when medically necessary.

*This authorization does not cover major surgery unless the medical opinions of two other licensed physicians concurring in the necessity for such surgery are obtained prior to the performance of such surgery.*

The following information is needed by any hospital or practitioner not having access to your medical history:

Allergies: \_\_\_\_\_ Medication being taken: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ Physical impairments: \_\_\_\_\_

Other pertinent facts to which physician should be alerted: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Subscriber's Name: \_\_\_\_\_

DATE: \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

**DIOCESE OF YAKIMA  
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**PARENT/LEGAL GUARDIAN PERMISSION FORM**

Dear Parent or Legal Guardian:

\_\_\_\_\_, your son/daughter/individual under your guardianship, is  
(Name of Participant)  
eligible to participate in an activity that requires transportation to a location away from the parish/school  
site. This activity will take place under the guidance and direction of parish/school employees from

\_\_\_\_\_  
(Name of Parish or School)

Event: \_\_\_\_\_

Location: \_\_\_\_\_

Individual in Charge and Responsible for the Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Estimated Time of Departure for Event: \_\_\_\_\_

Date of Return from Event: \_\_\_\_\_

Mode of Transportation to and from Event: \_\_\_\_\_

If you desire your son/daughter/individual under your guardianship to participate in this particular event, please complete, sign and return the following statement of consent and release of liability by \_\_\_\_\_  
(Date)

As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student or youth.

I hereby consent to participation by \_\_\_\_\_, my son/daughter/individual  
(Name of Participant)  
under my guardianship, in the event described above. I fully understand that this event will be under the supervision of the designated parish/school employees on the stated dates. I also give consent for emergency medical treatment if necessary. I do request that, if possible, I be contacted prior to treatment at the following phone numbers: (Day) \_\_\_\_\_ (Night) \_\_\_\_\_

Our insurance coverage is with: \_\_\_\_\_ Policy/Group No. \_\_\_\_\_

I further consent to the conditions stated above on participation in this event, including the method of transportation.

\_\_\_\_\_  
(Print Parent/Guardian Name)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Individual in Charge)

\_\_\_\_\_  
(Role)