Mercy McAuley High School

PERMISSION AND EMERGENCY MEDICAL AUTHORIZATION

On October 23, 2020 from 6 PM – 9 PM, 8th Grade Wolves Experience Night at Mercy McAuley High School.

Students will be transported to this event by their parent/guardian.

I give permission for my daughter, _____, to participate in
(student name/social security #)*

the event described above including: food, games, activities, music.

In the event of a medical emergency, contact _____at _____
(name of parent or guardian/social security #)* (telephone number)

or _____ at _____.
(name of alternative parent or guardian) (telephone number)

If reasonable attempts to contact the above are unsuccessful, I give permission and consent for: (1) the Administration of any treatment deemed necessary by Dr. _____, who may
(preferred physician)
be reached at _____ or by Dr. _____, who may be
(telephone number) (preferred dentist)
reached at _____; and (2) the transportation and treatment of my child to/by
(telephone number)
_____ or any hospital reasonably accessible.
(preferred hospital)

My daughter is covered by a health insurance policy.

Name of insurance company _____

Policy number _____

In whose name is the policy issued? _____

Expiration date (if applicable) _____

My daughter has the following allergies: _____,
is taking the following medication: _____,
and/or has the following medical conditions: _____
_____.
Any other special information:_____

_____
Signature of parent or guardian Date

*Social Security Number is optional. Please note that some hospitals WILL NOT treat without it.