

**Mercy McAuley High School**  
**PERMISSION AND EMERGENCY MEDICAL AUTHORIZATION**

On May 17, 2019 from 6:30 PM – 8:30 PM, 4<sup>th</sup> & 5<sup>th</sup> grade Wolf Pup Party 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: pizza, ice cream, craft, games and activities.

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.