

Glee/Jr. Glee Member Name: _____ Grade: _____

**ST. ROSE OF LIMA SCHOOL
Glee/Jr. Glee Club Program**

EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the number below, contact:

NAME & RELATIONSHIP: _____

PHONE: _____

FAMILY DOCTOR: _____ PHONE: _____

I also authorize the designated supervisor to administer first aid with the understanding that St. Rose of Lima School had documentation that the designated supervisor has basic first aid training.

Signature

Date

Address

Emergency Phone Number