

EMERGENCY MEDICAL CARD

Rocky Mountain Lutheran High School
2017-2018

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT OF A MINOR

I, _____ being the parent or legal guardian of _____, give my consent for emergency medicare and surgical treatment of this minor by a licensed Colorado physician, hospital, or rescue squad should his/her condition so require it in my absence. I acknowledge that Rocky Mountain Lutheran High School does not have any licensed medical personnel on staff, but I give the employees and agents of the school my permission to act in accordance with their best judgment and ability in any emergency situation. I hereby agree to release and indemnify Rocky Mountain Lutheran High School of Commerce City, Colorado, and its employees and agents from any and all claims or other liability relating to any injuries or damages to my child as a result of actions or failure to act regarding the specific illness, condition, or injury including any form of negligence.

Please name any known allergies or reactions to medications or procedures that might affect the treatment of the above-named child:

Parent/Guardian Signature _____

Your Phone:

(home) _____ (work) _____ (cell) _____

Close relative or neighbor phone number in the event we cannot reach you:

Phone Number: _____ Relationship: _____