



Saint Thomas the Apostle Catholic School
Medical Release Form
2021-2022 School Year

Family Last Name _____

Student Name _____ Grade in *Fall 2021* _____

Student Name _____ Grade in *Fall 2021* _____

Student Name _____ Grade in *Fall 2021* _____

Student Name _____ Grade in *Fall 2021* _____

Student Name _____ Grade in *Fall 2021* _____

Student Name _____ Grade in *Fall 2021* _____

To Whom It May Concern: As a parent/guardian, I do hereby authorize first aid/medical treatment of my child(ren) listed above in the event of an emergency which may endanger their life, cause disfigurement, physical impairment, or undue discomfort if delayed. It is understood that efforts will be made to reach me as soon as reasonably possible.

THIS RELEASE IS INTENDED FOR SCHOOL-RELATED FIELD TRIPS, ACTIVITIES, AND EVENTS

This release is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

I certify that I am:

(check one) custodial parent legal guardian of the minor child named above and I agree to the above terms for myself and for my minor child(ren) listed above.

Parent/Guardian Signature _____ Date _____