



SAINT THOMAS

the Apostle Catholic School

dynamic education centered in Christ

Medical Release Form

Family Last Name _____

Student Name _____

Grade in *Fall 2022* _____

Student Name _____

Grade in *Fall 2022* _____

Student Name _____

Grade in *Fall 2022* _____

Student Name _____

Grade in *Fall 2022* _____

Student Name _____

Grade in *Fall 2022* _____

Student Name _____

Grade in *Fall 2022* _____

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 _____