

EMERGENCY MEDICAL AUTHORIZATION FORM

Child's Name: _____

Father's Name: _____

Mother's Name: _____

Address: _____ City/St/Zip: _____

Home Phone: _____ Cell/Other: _____

Consent: Please complete Part 1 or 2: This is to enable parents'/guardians to authorize the provision of emergency treatment to children who become ill or injured under Nursery authority, when parents or guardians cannot be reached.

Part 1: To Grant Consent

I **do** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment.

Parent /Guardian Signature: _____ Date: _____

Part 2: Refusal to Consent

I **do not** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment.

Parent /Guardian Signature: _____ Date: _____

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MANDATORY CHILD PROTECTION CERTIFICATION

In order to maintain safety guidelines, the Archdiocese of Cincinnati mandates that all Volunteers, who work with children, must have registered with SafeParish™, complete a Child Awareness training session, received an acceptable background check, and be approved by the Archdiocese of Cincinnati before they can have contact with children. Volunteers are expected to keep current with all SafeParish™ continuing education sessions. Anyone who does not complete their quarterly continuing education session may not have any further contact with children. Information on SafeParish™ can be found on our website under organizations.

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_____ **Yes, I have been approved** _____ **No, I have not been approved**