

Medical Release Form 2018-2019

**ST. BERNARD OF CLAIRVAUX
ST. STANISLAUS KOSTKA
368 Sumner Avenue, Plainfield 07062
(908) 756-3393 Fax (908) 756-3059**

Child's Name (s): _____

Child's Name (s): _____

Child's Name (s): _____

Child's Name (s): _____

Child's Name (s): _____

* Doctors Name: _____

Doctors address: _____

Doctor's Phone _____

Hospital Preference: _____

*Indicate if more than one doctor and for which child.

In case of a medical emergency, I give St. Bernard of Clairvaux and St. Stanislaus Kostka authorization to take my child for emergency medical care.

Date: _____ **PRINT PARENT NAME:** _____

PARENT SIGNATURE _____

Tel. No. _____

Cell No. _____