



**St. Theresa School
Early Learning Academy**

Emergency Medical Release Form

School Year: 2026-27

As the parent/ legal guardian of the child listed below, I hereby give consent to St. Theresa Catholic School to enlist emergency medical care as deemed appropriate. It is understood that in some medical situations, staff will need to contact the local emergency source before consulting the parent, child's physician and/or the adult acting on the parent's behalf.

Child's Name: _____

Mother/ Guardian's Name: _____

1) Phone #: _____ 2) Phone #: _____

Father/ Guardian's Name: _____

1) Phone #: _____ 2) Phone #: _____

My child is taking the following medication:

Insurance Provider: _____

Policy #: _____

Child's Physician: _____ Phone #: _____

I understand that payment for the emergency medical treatment will be the responsibility of the parent or legal guardian.

Parent/ Guardian Signature: _____ Date: _____