



## St. Paul School

1825 Church Lane | 510.233.3080  
San Pablo, CA 94806 | [www.st-paulschool.org](http://www.st-paulschool.org)

### EMERGENCY MEDICAL AUTHORIZATION

Print Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

I understand that St. Paul School does **not** provide student accident insurance for families to purchase. I verify that my family has sufficient medical coverage for my child in the event of an accident at school that would require medical attention.

Should my child suffer an accident or illness while in the care of St. Paul School and we are unable to **immediately** contact a parent/guardian, the school is authorized to secure such medical attention for my child as may be necessary. I agree that I will be responsible for any costs incurred. I agree to keep the School informed if the phone number where I may be reached changes. The school agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Parent/Guardian 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_