

Concordia Learning Center at St. Joseph's School for the Blind

761 Summit Avenue, Jersey City, NJ 07307

(201) 876-5432/ Fax (201) 876-5430

AUTHORIZATION FOR EMERGENCY TREATMENT

In case of emergency, St. Joseph's School for the Blind should notify my doctor:

Doctor's Name: _____ **Phone Number:** _____

Student's Name: _____

St. Joseph's School for the Blind personnel has my permission to administer emergency first aid to my child or to bring him or her to the nearest medical facility for emergency care until I can be reached. I agree to pay any expenses incurred. My insurance company is:

Name of Insurance Company: _____

Billing Address: _____

My Policy Number is: _____

My Medicaid Number is: _____

I understand that every effort will be made to reach me.

Parent's/Guardian's Name: _____

Address: _____

Phone Number: _____

Parent's/Guardian's E-mail: _____

Parent/Guardian Signature: _____

This form must be witnessed by a Notary Public.

My Commission Expires:

Witnessed On: