

Emergency Medical Authorization

PURPOSE - To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Student Name _____ Phone # _____ Bus # _____
Address _____ School District _____
_____ School Attending _____
Birth Date _____ Sex M F Grade _____ Home Room _____

Residential Parent or Guardian

Mother _____ Daytime Phone # _____
Father _____ Daytime Phone # _____
Other Name _____ Daytime Phone # _____
Name of Relative or Childcare Provider _____
Address _____ Phone # _____
_____ Relationship _____

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____ Phone # _____
Dentist _____ Phone # _____
Medical Specialist _____ Phone # _____
Hospital _____ Phone # _____

PLEASE COMPLETE PART I OR PART II — NOT BOTH

Part I — TO GRANT CONSENT

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by the designated physician or dentist, or in the event the designated practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to the designated hospital or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: _____

Date _____ Parent or Guardian Signature _____
Address _____

Part II — 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, I wish the school authorities to take no action or to: _____

Date _____ Parent or Guardian Signature _____
Address _____