



**SOUTHERN WESTCHESTER BOCES**  
 BOARD OF COOPERATIVE EDUCATIONAL SERVICES

**PLEASE SIGN AND DATE**  
**EMERGENCY MEDICAL RELEASE**

In the event of an emergency, I understand that every attempt will be made to contact me. Should BOCES be unable to reach a parent/guardian, I hereby give permission to BOCES Southern Westchester to obtain medical and surgical treatment as necessary, for my child.

\_\_\_\_\_  
**Name of Student (please print)**

I authorize transportation to a hospital, when required, and treatment by a physician or surgeon selected by the hospital. I authorize the exchange of all pertinent information between the hospital and BOCES Southern Westchester and my child's Intermediate Care Facility (as applicable).

Furthermore, I understand that my child's Intermediate Care Facility (as applicable) will be notified immediately.

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Home phone #

\_\_\_\_\_  
 Work Phone #

\_\_\_\_\_  
 Other Emergency Phone #

\_\_\_\_\_  
 E-Mail Address

**Emergency Contact other than parents:**

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Relationship to Student

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Alternate Number

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Relationship to Student