

Emergency Medical Authorization Form.

Grade _____

Student Name _____ School _____

Address _____ Zip _____

Telephone () _____

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.

Residential Parent or Guardian

Mother's Name _____

Daytime Phone () _____

Father's Name _____

Daytime Phone () _____

Other's Name _____

Daytime Phone () _____

Name of Relative or Childcare Provider _____

Relationship _____

Address _____

Daytime Phone () _____

Zip _____

PART I OR PART II MUST BE COMPLETED

Part I: To Grant Consent

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

Physician _____

Daytime Phone () _____

Dentist _____

Daytime Phone () _____

Medical Specialist _____

Daytime Phone () _____

Local Hospital _____

Emergency Room Ph. () _____

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 above-named doctors, or, in the event designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions 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 allergist, medications being taken, and any physical impairments to which a physician should be alerted:

Date _____ Signature of Parent/Guardian _____

Address _____ Zip _____

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 the following action: _____

Date _____ Signature of Parent/Guardian _____

Address _____ Zip _____