



**EMERGENCY MEDICAL
AUTHORIZATION FORM**

Purpose: Enables parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents/guardians cannot be reached. This Emergency Medical Authorization, must be on file for each student.

PLEASE PRINT AND RETURN TO SCHOOL WITHIN 5 days.

Please Print

Student's Name: _____ School: _____ Grade: _____

Student's Address: _____

Date of Birth: _____ Student ID: _____ Teacher: _____

Parent/Guardian's Name: _____ Relation to Student: _____

Home Phone: _____ Cell: _____ Work: _____

Email address: _____

Parent/Guardian's Name: _____ Relation to Student: _____

Home Phone: _____ Cell: _____ Work: _____

Email address: _____

List a person who may be notified and to whom your child may be released if the school cannot reach you:

Name / Relationship / Home Phone / Cell Phone / Work Phone

Facts concerning the child's medical history including allergies, medications, and any physical impairment to which a physician should be alerted. _____

Doctor to be called: _____ Phone: _____

Dentist to be called: _____ Phone: _____

Preferred Local Hospital: _____

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Part 1 – 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 above-named doctor or, in the event the designated preferred physician 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 opinion of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Date: _____ Signature of Parent/guardian _____

Part 2 – 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 _____