

EMERGENCY MEDICAL AUTHORIZATION FORM

SCHOOL _____ STUDENT NAME _____

(Please print except for signatures) ADDRESS _____

Parent/Guardian PHONE _____ Cell Phone _____

E-mail _____

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 _____ DAY PHONE _____

FATHER'S NAME _____ DAY PHONE _____

OTHER'S NAME _____ DAY PHONE _____

RELATIVE OR CHILDCARE PROVIDER _____ RELATIONSHIP _____

ADDRESS _____ DAY PHONE _____

Address City 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:

DOCTOR _____ PHONE _____

DENTIST _____ PHONE _____

MED. SPECIALIST _____ PHONE _____

LOCAL HOSPITAL _____ PHONE _____

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 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 allergies, medications being taken, and any physical impairments to which a physician should be alerted: _____

SIGNATURE OF PARENT/GUARDIAN _____

DATE

PART II - REFUSAL TO GRANT 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: _____

*******WEBSITE CONSENT (Check One)*******

_____ **I give my consent** for my child's picture and/or name to be used on the District's website/and or publications. (examples: Principal's Award Winners, Academic Awards, Right to Read Week Activities, etc.)

_____ **I do not give my consent** for my child's picture and/or name to be used on the District's website/and or publications.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____