

Emergency Medical Authorization Form

If a student becomes ill or injured while at school or engaged in a school-sponsored activity, the school will attempt to contact a parent or guardian. If the school cannot reach a parent or guardian, then the school will attempt to contact other individuals authorized on this form.

School

Student Name

Student ID Number

Parent or Guardian 1

Parent or Guardian 1 Name

Daytime Phone

Evening Phone

Cell Phone

Parent or Guardian 2

Parent or Guardian 2 Name

Daytime Phone

Evening Phone

Cell Phone

Other Contact

Other Contact Name

Daytime Phone

Evening Phone

Cell Phone

Part I or II must be completed

Part I: Grant Consent

I give consent for the school to call the following medical care providers and local hospital:

Name	Phone
Doctor	
Dentist	
Medical Specialist	
Local Hospital	
Emergency Room	

If the school cannot contact me or my designated alternates listed on page 1, I give my consent for (1) the administration of any treatment deemed necessary by the doctors above, or if they are not available, by another licensed physician; 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 before the performance of such surgery.

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

Signature of Parent/Guardian

Date

PART II: Refuse 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:

Signature of Parent/Guardian

Date