

GLHS Bands Emergency Medical Authorization – 2018-19

Student Information:

Last name: _____ First name: _____ Nickname: _____
Student address: _____
Birth date: _____ Grade: _____ Gender: Male Female

Parent and Guardian Information:

Name: _____ Relation to student: _____ Day phone: _____ Cell phone: _____
Name: _____ Relation to student: _____ Day phone: _____ Cell phone: _____

Physical or Medical Conditions: (such as asthma, seizures, developmental/cognitive/emotional disorder)

Allergies, including type of reaction and treatment: _____

Current medications, including dose and frequency: _____

List any exclusions of service for EMS/hospital personnel (i.e., no blood or blood products):

Medical Authorization – 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.

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

Doctor: _____	Phone: _____
Dentist: _____	Phone: _____
Medical specialist: _____	Phone: _____
Hospital: _____	Phone: _____

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 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.

(Consent) Parent/Guardian Signature: _____ Date: _____

Part 2 – Refusal to grant consent. (If you completed and signed part 1, do not complete this part.)

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: _____

(No consent) Parent/Guardian Signature: _____ Date: _____