Emergency Medical Form

School_____ Student Name_____

Home Phone_____ Address_____

Purpose – To enable parents and guardians to authorize the provision of emergency treatment for children who became 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:_____

Emergency Contact (in case above cannot be reached):

Name:_____ Relationship:_____

Address:_____ Phone:_____

_____

Part I or 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:_____

Medical Specialist:_____ Phone:_____

Hospital:_____ Phone:_____

Allergies: Y____ N____

If so, please list:_____

List any other pertinent medical conditions:_____

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.

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

_____

_____

_____ _____
Signature of Parent/Guardian Date

_____
Address

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Part II – Refusal of Consent (Do not complete this portion if Part I was completed)
I do not give my consent for emergency medical treatment of my child. In event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

_____

_____

_____ _____
Signature of Parent/Guardian Date

_____
Address