



## Emergency Medical Authorization

The purpose of this form is to enable the parent/guardian to authorize the provision of emergency medical treatment for a child who becomes ill or injured while under school authority when the parent/guardian cannot be reached. Examples of school functions may include, but are not limited to, school field trips, school picnics, school dances, and graduation.

Printed Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment: \_\_\_\_\_

### PART 1 – TO GRANT CONSENT

I hereby grant consent for the following medical care providers and local hospital to be called.

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Specialist/Counselor / Mental Health \_\_\_\_\_ Phone \_\_\_\_\_

Does your child suffer from any medical conditions that we and/or emergency medical providers should be aware of? If so, please list:

\_\_\_\_\_

Does your child take any medications, use inhaler, etc. If so, please list:

\_\_\_\_\_

Allergies: Medical \_\_\_\_\_

Food \_\_\_\_\_

Other (list & explain - Example: bee stings) \_\_\_\_\_

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 and (2) the transfer of my child to any hospital reasonably accessible. The authorization does not cover major surgery unless the medical opinions of two other licensed physicians concurring there is a necessity for such surgery are obtained prior to the performance of the surgery.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to student \_\_\_\_\_ Phone \_\_\_\_\_



**PART 2 – REFUSAL TO GRANT CONSENT**

DO NOT COMPLETE THIS SECTION IF PART 1 IS FILLED OUT

I DO NOT give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I request that the school authorities take the following action:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to student \_\_\_\_\_ Phone \_\_\_\_\_

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**PART 3: EARLY DISMISSAL**

In the unlikely event that school is dismissed early due to a power failure, bad weather or some other emergency, my child should:

- Proceed home as usual, on the bus or walk.
- I will pick my child up as soon as I am notified.
- My child should stay at school until regular dismissal time and proceed home as usual
- My child should go home with \_\_\_\_\_