

(Please print except for signatures)

Homeroom # \_\_\_\_\_

Grade \_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION FORM**

Student Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ Parent E-Mail \_\_\_\_\_

Preferred phone number for parent notification system \_\_\_\_\_

Emergency call order (Please underline cell, work, or home):

<u>Phone#</u>	<u>Name</u>	<u>Relationship to student</u>
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1st:	_____	_____
	cell, work, home	

2nd:	_____	_____
	cell, work, home	

3rd:	_____	_____
	cell, work, home	

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.

Student resides with \_\_\_\_\_

**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:**

**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/Legal Guardian \_\_\_\_\_

DATE \_\_\_\_\_