EMERGENCY MEDICAL AUTHORIZATION AND INFORMATION FORM

School: _____ Student Name: _____
LAST FIRST MIDDLE

Grade: _____ Date of Birth: _____

Name of *Custodial* Parent(s) or Guardian(s): _____

Address: _____

Phone: _____ _____ _____
Home Cell Work

Name of *Non-Custodial* Parent(s) (if applicable): _____

Address: _____

Phone: _____ _____ _____
Home Cell Work

Emergency Calling Order

Please list, in order of priority, whom to call in case of an emergency that involves your child. Be sure to include both custodial and non-custodial parents in this list as appropriate / desired. Unless you indicate otherwise, the individuals listed below are also authorized to pick-up or sign-out your child from school, even for non-emergencies.

	NAME	RELATIONSHIP	PHONE
1			
2			
3			
4			

COMPLETE PART I OR II

PART I: TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital be called:

Physician _____ Phone _____

Dentist _____ Phone _____

Medical 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 above-named doctors, 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:

_____

_____

_____

Date _____ Signature of Parent or Guardian _____

PART II: REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, please take the following actions:

_____

_____

Date _____ Signature of Parent or Guardian _____