Emergency Medical Authorization and Information Form

Student Name (First, Middle & Last): _____

Date of Birth: __ __ / __ __ / __ __ Age: _____ Grade: _____

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

Address: _____

Home Phone: _____ Cell : _____ Work: _____

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

Address: _____

Home Phone: _____ 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	Phone	Relationship to Student
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Grant Consent

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

Physician _____ Phone _____

Dentist_____ 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, 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: _____

_____

Signature of Parent or Guardian _____ Date _____

Refusal to Consent

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

_____

Signature of Parent or Guardian _____ Date _____