

Child's Full Name _____ Grade Level _____

EMERGENCY CONTACT INFORMATION (Please provide at least two names)

In the event of an emergency where the school is unable to contact the custodial parents or guardians, please contact the following:

Name _____ Phone (____) ____ - _____ Relationship to child _____

Name _____ Phone (____) ____ - _____ Relationship to child _____

Name _____ Phone (____) ____ - _____ Relationship to child _____

EMERGENCY MEDICAL AUTHORIZATION

This section is provided 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.

PART 1 OR 2 MUST BE COMPLETED AND SIGNED

PART 1 – TO GRANT CONSENT

In the event reasonable attempts to contact me or the provided emergency contacts at the above telephone numbers have failed, I HEREBY GIVE MY CONSENT for the administration of any treatment deemed necessary by the following:

Preferred Physician _____ Phone (____) ____ - _____
Name Clinic

Preferred Dentist _____ Phone (____) ____ - _____
Name Clinic

or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and the transfer of the child to:

Preferred Hospital _____ Phone (____) ____ - _____
Name of Hospital City

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity of surgery, are obtained prior to the performance of such surgery.

Please provide facts concerning the child's medical history, including allergies, medication being taken, and other physical impairments to which a physician should be alerted:

Parent/Guardian Signature _____ Date _____

PART 2 – TO REFUSE CONSENT (Do NOT complete this section if you completed Part 1)

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 NO ACTION or to:

Parent/Guardian Signature _____ Date _____