



# Emergency Medical Information/Authorization Form

## Emergency Medical information

Student's Name \_\_\_\_\_ M/F \_\_\_\_\_ Grade or HR \_\_\_\_\_

Street Address \_\_\_\_\_ School \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Name of Legal Guardian \_\_\_\_\_ Birth Date \_\_\_\_\_

With whom does the child resid? \_\_\_\_\_ Phone \_\_\_\_\_

Non-custodial parent may be contacted in the event I cannot be reached: [ ]Yes [ ]No Bus \_\_\_\_\_

Name of non-custodial parent/guardian \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_

Place of Employment \_\_\_\_\_ Cellular# \_\_\_\_\_ Pager# \_\_\_\_\_

Mother's Primary Email \_\_\_\_\_ Mother's Secondary Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_

Place of Employment \_\_\_\_\_ Cellular# \_\_\_\_\_ Pager# \_\_\_\_\_

Father's Primary Email \_\_\_\_\_ Father's Secondary Email \_\_\_\_\_

\* List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

[home]

[work]

[home]

[work]

Known Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Health Concerns [e.g.:diabetes, asthma]: \_\_\_\_\_

Physical Impairments: \_\_\_\_\_

Name[s] of Immunization[s] given within last year; please include date[s]: \_\_\_\_\_

## Emergency Medical Authorization—Part 1 or Part 2 must be completed:

### Part 1 (to grant consent)

In the event reasonable attempts to contact me at \_\_\_\_\_ (phone) or \_\_\_\_\_ (phone) have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by Dr. \_\_\_\_\_

at \_\_\_\_\_ (phone) or Dr. \_\_\_\_\_ at \_\_\_\_\_ (phone), or in the event the designated preferred practitioner is not available, by another licensed physician or dentist and [2] the transfer of my child to

\_\_\_\_\_ (hospital name) or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in necessity for such surgery, are obtained prior to the performance of such surgery.

Signature of Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

complete by hand

### Part 2 (Refuse to Grant Consent) (Do Not complete Part 2 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 the following action \_\_\_\_\_

Signature of Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

complete by hand