Emergency Medical Form

Part 1 - Student Information

Student Name:_____ DOB: _____ Age: _____ Grade: _____

Address: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Part 2 - Parent/Guardian Contact Information

Mother's Name: _____ Phone: _____

Father's Name: _____Phone: _____

Other's Name: _____ Phone: _____

Name of Relative or Child care Provider: _____

Relationship: _____ Phone: _____

Part 3 - Emergency Medical Authorization Information - **Part A or B must be completed!**

Part A - **To Grant Consent**

I hereby give consent for the following medical care providers and local hospital to be called in the event of medical need for my child:

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Medical Specialist's Name: _____ 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 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.

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.

Continue on reverse side

Please check all that apply to your child

	On medication (if so what?)	
	Does medication need to be administered during school hours, if so, when?	
	Allergies (please list, including food or drug allergies)	
	Physical limitations (please explain)	
	Other (Please explain)	

	Diabetes		Heart condition
	Asthma		Epilepsy
	Hearing Loss		

Part A Signatures:

_____ _____
Parent/Guardian Date

_____ _____
Witness Date

Part B – **Refusal to Consent**
I DO NOT give 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 actions:

_____

_____

_____ _____
Parent/Guardian Date

_____ _____
Witness Date