

EMERGENCY MEDICAL AUTHORIZATION PERMIT

PART 1 OR PART 2 MUST BE COMPLETED

PART 1 TO GRANT CONSENT

Whenever my child is involved in a school activity and I am unavailable or otherwise unable to provide authorization directly, I grant to the school principal or his designee the authority to act for me and to provide any required consents and authorization for the delivery of emergency medical care, diagnoses, and treatment, including surgical intervention, if necessary, on behalf of my minor child listed below and to do all other necessary things as I might or could do to provide for the child's health and safety, if I were present.

This authorization is valid for the entire student enrollment or until such time as I withdraw the authorization. I am aware it is my responsibility to update the information on this form as needed. If you do not give consent, please flip to Part 2.

Authorized _____
Signature of Parent/Guardian

Date _____

<u>Child Name</u>	<u>Grade Level</u>	<u>Birthdate</u>	<u>Gender</u>	<u>Preferred Doctor</u>	<u>Preferred Dentist</u>	<u>Insurance Company ID#</u>

Home Address _____

Mother's Employment _____ Phone # _____

Father's Employment _____ Phone # _____

Doctor Address _____ Phone # _____

Dentist Address _____ Phone # _____

Insurance Company _____

Alternative phone # to call in case of an emergency _____ Relation _____

Important Medical Information (see back for additional space)

<u>Child Name</u>	<u>Allergies</u>	<u>Current Medications or Treatments</u>	<u>Previous Operations or Hospital Confinements</u>	<u>Other</u>

PART 1: ADDITIONAL INFORMATION SPACE (IF NEEDED)

PART 2 REFUSAL TO CONSENT

*****Only complete if you did not grant consent in Part 1*****

Parent Name (printed): _____

I do NOT give my consent for emergency medical treatment of my child. In cases in which the nature of an illness or an injury appears serious, the parent(s) are contacted and the instructions on this form are followed. In extreme emergencies, arrangements may be made for a student's immediate hospitalization whether or not the parent(s) can be reached. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Authorized _____
Signature of Parent/Guardian

Date _____