EMERGENCY MEDICAL AUTHORIZATION

5341F

Purpose: 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 contacted.

Student's Name:______________________ Birth date:__________ Grade:________

Home Address:______________________ Teacher/Homeroom________________

City/State/Zip:______________________ Date of last Tetanus: ____________

Student resides with (circle all that apply) Mother Father Stepparent Guardian Other______________

List only the names (first and last) of those who have authority to make decisions in an emergency situation involving this student. Then, indicate on the line to the left the order in which you desire contact attempts to be made based on availability (i.e. 1st, 2nd):

___Mother:____________________Home #______________ Work#______________

___Father:____________________Home #______________Work#______________

___Stepparent: ________________Home #______________Work#______________

___Guardian:__________________Home #______________ Work#______________

___Relative or alternate (i.e.child care provider), if applicable: Relationship to Child:______________

Name:____________________Home #____________Work#______________

Medical History: Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment of which a physician and/or school personnel should be alerted:

____

____

COMPLETE ONLY <u>ONE</u> OF THE FOLLOWING: I. Consent for Treatment OR II. Refusal to Consent

I. CONSENT FOR TREATMENT:

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

Preferred Physician:______________

Office# :______________

Preferred Dentist: ______________

Office#: ______________

Medical Specialist: ______________

Office#: ______________

Preferred Hospital: ______________

ER#: ______________

AND

II. REFUSAL TO CONSENT:

I do **<u>NOT</u>** 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:

____

____

____

____

Parent/Guardian Signature______________

Address:______________

Date: ______________

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 preferred doctor indicated, 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 reasonably accessible.

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

Parent/Guardian Signature______________________________ Date ______________

STUDENT/PARENT INFORMATION SHEET

Student Name ____
Last First Middle

CORPORAL PUNISHMENT

_______ I DO NOT wish my child to be punished through use of corporal punishment.
_______ I wish to be informed first if corporal punishment is to be used.
_______ Please use your judgment.
Parent/Guardian Signature ______________________________

PICTURE PUBLICATION

Pictures are used throughout the year for publication through newspaper and e-mail.
Please mark below according to your wishes.

_______ Permission is given for our child's picture to be published.
_______ Do not publish our child's picture.

EMERGENCY SCHOOL CLOSING

Please DO NOT call the school when severe weather or other emergencies are threatening. Phones must be open for emergency calls only.

My child is to:

________ ride his/her regular bus home.

________ ride bus number _______ to ______________________________
Name Phone

____
Address

________ be picked up by ______________________________
Name

SIBLINGS

Name of brothers	Age	Name of sisters	Age
____________	____	____________	____
____________	____	____________	____
____________	____	____________	____

____
Name of Parent/Guardian Date

____
Parent/Guardian's e-mail address