

EMERGENCY MEDICAL AUTHORIZATION

School: Saint Joseph School

Date _____

Grade _____

Student Name _____

Address _____

City, State, Zip _____

Home Phone _____

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 reached.

Residential Parent or Guardian

Mother's Name _____ Daytime Phone _____
First Last

Father's Name _____ Daytime Phone _____
First Last

Other's Name _____ Daytime Phone _____
First Last

Name of Relative or Childcare Provider

Relationship _____

Address _____ Daytime Phone _____

City, St, Zip _____

PART 1 OR 2 MUST BE COMPLETED

PART 1: TO GRANT CONSENT

Part 1 Consent Given Part 2 Consent Refused

Physician _____ Phone _____

Dentist _____ Phone _____

Medical Specialist _____ Phone _____

Local Hospital _____ ER 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 above-names doctors, or, in the event the designated preferred practitioner is not available, by any other 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 dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Parent Signature _____

Address _____

City, State, Zip _____ Date _____

PART 2: REFUSAL TO CONSENT

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:

Parent Signature _____

Address _____

City, State, Zip _____ Date _____