



Making A Difference Everyday

Emergency Medical Form

School _____ Student Name _____

Home Phone _____ Address _____

Purpose – To enable parents and guardians to authorize the provision of emergency treatment for children who became ill or injured while under school authority, when parents or guardians cannot be reached.

Residential Parent or Guardian:

Mother's Name: _____ Daytime Phone: _____

Father's Name: _____ Daytime Phone: _____

Other's Name: _____ Daytime Phone: _____

Name of Relative or Child Care Provider (in case above cannot be reached):

Name: _____ Relationship: _____

Address: _____ Phone: _____

If in the opinion of the MADE Houston staff, the injury/illness constitutes an emergency, MADE Houston will first call 9-1-1 before attempting to reach the parent/guardians

Part I or II must be completed

Part I – To Grant Consent

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

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Medical Specialist: _____ Phone: _____

Hospital: _____ Phone: _____

Insurance and Group/Policy number _____

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-named doctor, 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 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 the physician should be alerted:

Signature of Parent/Guardian

Date

Address

Part II – Refusal of Consent (Do not complete this portion if Part I was completed)

I do not give my consent for emergency medical treatment of my child. In event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Signature of Parent/Guardian

Date

Address