

New Philadelphia City Schools
EMERGENCY MEDICAL AUTHORIZATION FORM

School _____ Student Name _____
Grade _____ Address _____
Teacher _____ Zip _____
Birth date _____ Telephone _____

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 _____ Home Phone _____
Work Phone _____ Cell Phone _____ Pager _____

Father's Name _____ Home Phone _____
Work Phone _____ Cell Phone _____ Pager _____

Others to Call in an Emergency:

1) _____ Relationship _____ Home Phone _____
Work Phone _____ Cell Phone _____ Pager _____

2) _____ Relationship _____ Home Phone _____
Work Phone _____ Cell Phone _____ Pager _____

PART I OR II MUST BE COMPLETED

Part I: To Grant Consent

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

Physician _____ Phone _____
Dentist _____ Phone _____
Hospital _____ 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-name 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 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.

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

Date _____ Signature of Parent/Guardian _____
Address _____ Zip _____

Part II: 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: _____

Date _____ Signature of Parent/Guardian _____
Address _____ Zip _____