Saint Mary
OF THE IMMACULATE CONCEPTION SCHOOL

SCHOOL HEALTH SERVICES 2017-2018 SCHOOL YEAR
EMERGENCY MEDICAL AUTHORIZATION FORM

Student Last Name: _____ **First Name:** _____

Student Address: _____ **Phone:** _____

City & ZipCode: _____ **Date of Birth:** _____

Residential Parent/Guardian:

Mother's Name: _____ **Daytime Phone:** _____

Cell/Work Phone: _____

Father's Name: _____ **Daytime Phone:** _____

Cell/Work Phone: _____

Name of relative to provide care if parents cannot be reached:

Person's Name: _____ **Daytime Phone:** _____

Relationship: _____

Cell/Work Phone: _____

PART I or PART II MUST BE COMPLETED

PART I – TO GRANT CONSENT I hereby give consent for the following medical care providers and local hospitals to be used:

Physician: _____ **Doctor's Phone:** _____

Dentist: _____ **Dentist's Phone:** _____

Hospital: _____ **Hospital's Phone:** _____

Medical Specialist: _____ **Doctor's Phone:** _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment necessary by above named 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 dentist, concurring in the necessity for surgery, are obtained prior to the performance of such surgery. Facts concerning the child's medical history, including allergies, medication being taken, and any physical impairment to which a physician should be alerted.

PART II – REFUSAL OF CONSENT

I DO NOT GIVE MY CONSENT FOR EMERGENCY MEDICAL TREATMENT FOR MY CHILD. In the event of illness or injury requiring medical treatment, I wish the school authorities to take the following action: _____

_____

Signature of Parent/Guardian: _____ **Date:** _____

Facts concerning child's medical history including allergies, medications, etc. _____

_____