

EMERGENCY MEDICAL AUTH	HORIZATION
School Year: 20	- 20

ARATORY SCI					
Purpose: To enable parent(s) and g become ill or injured while under scl required at the bottom of this form	nool authority	y when parents or guardia	ns cannot be reach	ned. NOTE: A signature is	
Student's Full Name:				Grade:	
Address:			D	ate of Birth://	
Street		(	City/State/Zip		
Custodial/Residential Parent(s) of	r Guardian(s	s) (LIVING AT ABOVE AI	ODRESS WITH TH	E STUDENT).	
Full Name	r Guardian(s) (LIVING AT ABOVE ADDRESS WITH THE STUDENT):  Relationship to Student Emergency Phone Numbers			-	
		<b>-</b>	Cell#	· · · · · · · · · · · · · · · · · · ·	
			Other#		
			E-Mail: Cell#		
			Other#		
			E-Mail:		
Emergency Contacts: Allowed to (Note: If a non-residential parent					
Full Name	Relation	onship to Student		cy Phone Numbers	
			Cell#		
			Other#		
			Other#		
			Cell#		
			Other#	Other#	
**IMPORTANT HEALTH DATA**:  1)Food/Medication allergies, 2)Current leczema, seasonal allergies, seizures, si  1) Food/Medication Allergies	medications, ii	nhalers, epi-pens and/or 3)Al	I other chronic condi	tions (i.e. asthma, diabetes,	
2) Current Medications/Inhalers/					
3) Chronic Health Conditions/Ast	hma/Other				
	PΔRT	I or II MUST BE COMPL	FTFD		
PART I - TO GRANT CONSENT:				nd local hospital to be called:	
Family Doctor			Phone#		
Family Dentist			Phone#		
Medical Specialist			Phone#		
Local Hospital/ Emergency Room			Phone#		
In the event reasonable attempts to contreatment deemed necessary by above-licensed physician or dentist; and (2) the cover major surgery unless the medisurgery, are obtained prior to the per PART II – REFUSAL TO CONSENT event of illness or injury requiring er	named doctor e transfer of th cal opinions formance of <u>r</u> : I DO NOT	r, or, in the event the designate student to any hospital reatof two other licensed physicsuch surgery.  give my consent for emer	ted preferred practiti sonable accessible. icians or dentist, co	This authorization does not encurring in the necessity for eatment of my child. In the	
My signature in accordance with information to the school employ		other health care provide		of school health	
Drint Name of Custodial Devention		Today's Data Si	anature of Cust!!	al Darant/Cuardia:	
Print Name of Custodial Parent/Guard	uan	Today's Date Si	gnature of Custodia	ai rarent/Guardian	