SOUTHWEST LOCAL SCHOOL DISTRICT - EMERGENCY MEDICAL AUTHORIZATION

Student's Name ______ Date of Birth ______ School Student Attends ______

Student's Street Address ______ City ______ 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 ______ Mother's Daytime Phone Number ______

Father's Name ______ Father's Daytime Phone Number ______

Name of Relative or Childcare Provider

Name ______ Relationship ______

Street Address ______ City ______ Zip Code ______ Phone Number ______

PART I TO GRANT CONSENT (PART I OR II MUST BE COMPLETED)

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

Doctor/Specialist Name ______ Phone Number ______

Dentist Name ______ Phone Number ______

Local Hospital ______ Emergency Room Phone 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 impairment to which a physician should be alerted:

______

______ Date ______ Signature of Parent/Guardian ______

PART II IS A REFUSAL TO CONSENT (DO NOT COMPLETE PART II IF YOU COMPLETED PART I)

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 ______