PLEASE only list names of the people that are **allowed** to pick your child up in the event of illness, emergency, etc.

EMERGENCY MEDICAL AUTHORIZATION

_____The school has custody papers on file for my child

______________________________ ________ ______________________
Student Name **Current Grade** **Current Teacher**

______________________________ ______________ ______________
Student Home Address **Student Home Phone** **Parent Cell Phone**

______________________________ ______________
City, State, Zip **Student Birth Date**

______________________ ______________________ ______________
Mother's Name **Mother's Address (if different)** **Mother's Daytime Phone Number**

______________________ ______________________ ______________
Father's Name **Father's Address (if different)** **Father's Daytime Phone Number**

______________________ ______________________
Guardian(s) (if applicable) **Daytime Phone Number**

______________________________ ______________ ______________
***Name of Relative or Friend allowed to pick up child if ill or emergency** **Relationship to child** **Daytime Phone Number**

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

Doctor's Name______________________________ **Phone**______________________

Dentist's Name______________________________ **Phone**______________________

Medical Specialist's Name______________________ **Phone**______________________

Local Hospital Preferred______________________ **Phone**______________________

PART 1 OR PART 2 MUST BE COMPLETED

PART 1 – TO GRANT CONSENT

In the event reasonable attempts to contact me, the other parent, or guardian, have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the listed doctor, dentist, or medical specialist, or, in the event the designated preferred practitioner is not available, by a licensed physician or dentist; and (2) the transfer of the child to the above hospital or 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 or mental impairments to which a physician should be alerted:

____

____

______________________________________ ______________________
SIGNATURE OF PARENT OR GUARDIAN **DATE**

PART 2 – REFUSAL TO CONSENT (Do not complete part 2 if you completed part 1)

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:

____

____

____

______________________________________ ______________________
SIGNATURE OF PARENT OR GUARDIAN **DATE**

NON-EMERGENCY CONTACT INFORMATION

____ ____________

Student Name **Grade**

How do you prefer that your child's teacher contact you? (Check all that apply-please fill in <u>all</u> numbers & addresses)

If you are a Guardian, please fill in the appropriate numbers & addresses for you, also

__________ **Home Phone Number**____

What is the best time to reach you?_________________________

__________**Mother Work Phone Number**______________________________________

__________**Father Work Phone Number**_______________________________________

__________**Mother Cell Phone Number**____

OK to send text messages?____________

__________**Father Cell Phone Number**____

OK to send text messages?____________

__________**Mother Email Address**____

__________**Father Email Address**____

***If available, would you like to receive email updates from the school?**_______________

***If necessary, do you grant the school permission to email information regarding your child to your email address?**_______________

***Email Address I would prefer the school use:**

____

__________**Postal Mail Address**____

__________**Other**____