

EMERGENCY MEDICAL AUTHORIZATION

East Liverpool City School District

Purpose: To enable parents to authorize emergency treatment for children who become ill or injured while under school authority, when parents cannot be reached.

Student Name: _____

Home Address: _____

Home Telephone: _____

School attended: _____

PART I or PART II (page 2) MUST BE COMPLETED

Part I - To Grant Consent

Residential Parent or Guardian:

Mother: _____ Daytime Phone: _____

Father: _____ Daytime Phone: _____

Other Name: _____ Daytime Phone: _____

Name of relative or childcare provider: _____

Address: _____ Phone: _____ Relationship: _____

In the event reasonable attempts to contact me at the phone numbers listed above have been unsuccessful, I hereby give my consent for: (1) the transfer of the child to the designated hospital or any hospital reasonably accessible; and (2) the administration of any treatment deemed necessary by the medical practitioners listed below, or in the event the designated preferred practitioner is not available, by another licensed physician, dentist or medical specialist.

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

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Medical Specialist: _____ Phone: _____

Local Hospital: _____ Phone: _____

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 before the surgery is performed.

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)

(Address)

Please turn page over

Do Not Complete Part II if you Completed Part I

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)

(Address)