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## EMERGENCY MEDICAL AUTHORIZATION

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*To be completed by a parent only if student is under 18 years of age. This form must be notarized.*

Student's Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Telephone Number: \_\_\_\_\_  
School Attending: \_\_\_\_\_

The purpose of this form is to enable a parent to authorize emergency treatment for a child who becomes ill or injured while under school authority when a parent cannot be reached. Part I or Part II must be completed and notarized.

### **PART I: To Grant Consent**

*Do not complete Part I if you completed Part II.*

In the event reasonable attempts to contact me at \_\_\_\_\_ (phone number) or \_\_\_\_\_ (other parent's name) at \_\_\_\_\_ (phone number) have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by \_\_\_\_\_ (preferred physician) or \_\_\_\_\_ (preferred dentist), 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 \_\_\_\_\_ (preferred 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 before 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: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

### **PART II: Refusal to Grant 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 not take action or to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature of Parent: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_