

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