EMERGENCY MEDICAL FORM

Purpose: To enable parents or guardians to authorize the provision of emergency treatment for students who become ill or injured while under school authority when parents or guardians cannot be reached. THIS FORM MUST BE FILLED OUT IN INK EACH SCHOOL YEAR!

Student Name ______________________ Sport ______________ Grade ____________

Address ____

City/State/Zip ____

Phone ______________________ Birthday ______________________

Father ______________________ Employer ______________ Phone ____________

Mother ______________________ Employer ______________ Phone ____________

Dependable relative or neighbor to call in an emergency (illness or injury) when parent or guardian cannot be reached:

Name ______________________________________ Phone ____________

Allergies ______________________ Date of last tetanus shot ______________________

Medication being taken:

Name ______________________ Dosage ______________ Time(s) taken ____________

Name ______________________ Dosage ______________ Time(s) taken ____________

Name ______________________ Dosage ______________ Time(s) taken ____________

List of health problems. For example: asthma, vision, epilepsy, diabetes, hearing, bone or muscle problems, etc.:

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Medical Insurance Firm ______________________________ Policy # ____________

PART I OR II MUST BE COMPLETED

PART I - TO GRANT CONSENT: If unable to reach parent or guardian, I hereby give my consent for 1) the administration of any treatment deemed necessary by (Physician) ______________ or (Dentist) ______________ or in the event that the designated practitioner is not available another licensed physician or dentist and 2) the transfer of the student to (Hospital) ______________________ or any hospital reasonably accessible.

Date ______________ Signature of Parent or Guardian ______________________

PART II - REFUSAL OF 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 school authorities to take no action or to:

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Date ______________ Signature of Parent or Guardian ______________________