

**EMERGENCY MEDICAL AUTHORIZATION
SPRINGFIELD LOCAL SCHOOL DISTRICT**

PLEASE PRINT CLEARLY:

CHILD'S NAME _____
Address _____
City _____ State _____ Zip _____

GRADE _____
Date of Birth _____
Phone No. _____
Bus No. _____
Soc. Sec. # _____

PLEASE CONTACT THE FOLLOWING IN CASE OF EMERGENCY:

By putting an "X" in the box, you are giving permission to have your child taken out of school by this person.

- | | |
|---|---|
| <input type="checkbox"/> 1. _____
Parent or Guardian

Home Phone / Work Phone / Cell Phone

Name of Business Working Hours | <input type="checkbox"/> 2. _____
Parent or Guardian

Home Phone / Work Phone / Cell Phone

Name of Business Working Hours |
| <input type="checkbox"/> 3. _____
Name

Relationship to Child

Phone | <input type="checkbox"/> 4. _____
Name

Relationship to Child

Phone |

5. **TO GRANT CONSENT:**
In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by the physicians below or, if they are not available by another licensed physician or dentist. I give my consent for my child to be transferred to the hospital below, 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 of such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, any physical impairments to which a physician should be alerted, and any chronic illnesses: _____

Preferred Physician (Phone)

Preferred Hospital (Phone)

Preferred Dentist (Phone)

Signature of Parent or Guardian / Date

6. REFUSAL OF CONSENT: (Fill out ONLY if you haven't completed No. 5 above)
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 no action or to _____

Signature of Parent or Guardian

Date