WARRENSVILLE HEIGHTS
CITY SCHOOL DISTRICT

EMERGENCY MEDICAL AUTHORIZATION FORM

School _____ **School Year** _____-_____ **Grade** _____

Students' Name _____ **Birth Date** _____
Last First Middle

Address _____
Street City State Zip

Lives with Father/Stepfather/ Custodian (Circle One)

_____ **Employed by** _____ **Home Phone (____)** _____
Name Company

Lives with Mother/Stepmother/ Custodian (Circle One)

_____ **Employed by**_____ **Home Phone (____)** _____
Name Company

EMERGENCY NUMBER: IN THE EVENT PARENT CANNOT BE REACHED FOR EMERGENCY

Name _____
Relationship _____
Phone_____
2nd Phone _____

Name _____
Relationship _____
Phone_____
2nd Phone _____

Please include facts concerning your child's medical history including allergies, medications being taken and any physical impairment to which a physician should be alerted;_____
_____
_____

PART I – TO GRANT CONSENT

In the event that I cannot be contacted, I herby give my consent for:

Doctor's Name: _____ **Phone Number** _____

Dentist's Name:_____ **Phone Number** _____

Preferred Hospital: _____ **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 to above named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of my child to any reasonably accessible hospital. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentist, concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Signature of Parent/Guardian _____ **Date** _____

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:_____
_____
_____

Signature of Parent/Guardian _____ **Date** _____

PLEASE NOTIFY US OF ANY CHANGES IN THE ABOVE INFORMATION.

Revised 7/2014