

# EMERGENCY MEDICAL AUTHORIZATION FORM

Allergy

Alert

2018-2019

Salem Christian Academy, LLC

Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
(please print) Last First

Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Male   
MM/DD/YYYY

City/Zip Code: \_\_\_\_\_ Student resides with: \_\_\_\_\_ Female

## PARENT/GUARDIAN & EMERGENCY CONTACT INFORMATION

Relationship:	Name:	Home Phone:	Cell Phone:	Work Phone:	Can Pick Up:
<u>1st Contact</u>	_____	_____	_____	_____	_____
<u>2nd Contact</u>	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

Please indicate if your child has any of the following:

- Allergies\* \_\_\_\_\_  
\*CIRCLE ONE - If your child has allergies, should he/she eat lunch: **1)** at the class table - or - **2)** at the table for students w/ allergies?
- Medications\*\* \_\_\_\_\_
- Inhalers\*\* \_\_\_\_\_
- Other medical concerns or conditions: \_\_\_\_\_

\*\*Use of any medication at school requires the appropriate documentation to be completed & on file with the school office. Any listed medication & completed Student Medication Form MUST be turned in to the office prior to the 1st day of school. Student Medication Forms can be found at SalemChristianAcademy.com

### PART I OR II MUST BE COMPLETED

<b>PART I: TO GRANT CONSENT</b> I hereby <u>Give</u> consent for the following medical care providers and local hospital to be called: Doctor _____ Phone _____ Dentist _____ Phone _____ Medical Specialist _____ Phone _____ Local Hospital/Emergency Room Phone _____ 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 doctors, or, in the event the designated 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.	<b>PART II: REFUSAL TO CONSENT</b> I do <u>NOT</u> 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: _____ _____ _____ _____ _____
---	--