

CANAL WINCHESTER SCHOOLS

EMERGENCY MEDICAL AUTHORIZATION FORM

Student Name: _____ Grade: _____

Address: _____ Zip: _____

Telephone: () _____ DOB: _____

Purpose . . . To enable parents and guardians to authorize the provision of emergency treatment for children who are in school authority, when parents or guardians cannot be reached.

Residential Parent or Guardian Information

Mother's Name: _____ Daytime Phone: () _____
First Last Cell Phone: () _____
E-MAIL: _____

Father's Name: _____ Daytime Phone: () _____
First Last Cell Phone: () _____
E-MAIL: _____

Step Parent/Guardian's Name: _____ Daytime Phone: () _____
First Last Cell Phone: () _____
E-MAIL: _____

Name of Relative or Childcare Provider

Name: _____ Relationship: _____
First Last
Daytime Phone: () _____

PART I: TOGRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called

Physician: _____ 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 treatment deemed necessary by the above-named doctors, or, in the event the designated preferred practitioner is not available, 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 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 conditions should be alerted:

Date: _____ Signature of Parent/Guardian: _____

Address: _____ Zip: _____

PART II: REFUSAL TOGRANT CONSENT

I do NOT give consent for emergency medical treatment of my child. In the event of illness or injury requiring treatment, I wish the school authorities to take the following action:

Date: _____ Signature of Parent/Guardian: _____

Address: _____ Zip: _____