

**EMERGENCY MEDICAL AUTHORIZATION
ADA ELEMENTARY 2017-2018**

Grade _____

Student Name _____

Address _____

Parent email address:

Telephone _____

Parents: Married Divorced Separated Other Other, please specify: _____

If divorced/separated/other, who is residential parent? _____

Official paperwork must be on file in the school office.

Purpose - To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, or non-emergency incidents when parents or guardians cannot be reached.

Mother/Guardian Name _____ Cell Phone _____

Daytime Phone _____ Location _____

Father/Guardian Name _____ Cell Phone _____

Daytime Phone _____ Location _____

Other's Name _____ Daytime Phone _____

Relationship _____ Cell Phone _____

Other's Name _____ Daytime Phone _____

Relationship _____ Cell Phone _____

PART I OR II MUST BE COMPLETED

PART I - TO GRANT CONSENT

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

Doctor _____ Phone _____

Dentist _____ Phone _____

Hospital _____ Phone _____

In the event that 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 doctor or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer and/or emergency transportation 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.

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

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:

(Please Complete Both Sides)

Signature of Parent/Guardian

Date

FAMILY INFORMATION

In order to provide family information for our school personnel, please complete the information below pertaining to your family. Please list all the people who reside in your household and the phone number where he/she can be reached during the school day.

Father's name: _____ Telephone Number: _____
Circle one: Home #, Cell Phone #, Work #

Mother's name: _____ Telephone Number: _____
Circle one: Home #, Cell Phone #, Work #

Children in the household:

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Others who reside in your household:

Name: _____ Relationship: _____ Telephone Number: _____

Name: _____ Relationship: _____ Telephone Number: _____

EMERGENCY/EARLY DISMISSAL INFORMATION

In order to help assure the safety of your child/children, in the event the schools should dismiss early due to an emergency situation or weather related reasons, we would like to know where your child is to go in the event of an early release. Please note that students will not be transported to unscheduled regular bus stops.

In the event of early dismissal, my child should (please check the appropriate line):

_____ Walk home as they normally do

_____ Ride the bus home as they normally do

_____ Drive home as usual, if student drives themself to school

_____ Will be picked up at school by _____ Phone: _____
(name of individual)

_____ Will go to the sitter's house as usual _____
(name and address of sitter)

_____ Other: _____
(explain what student is to do)

FIELD TRIP PERMISSION: _____ (student name) has my permission to go with a school chaperoned group on field trips away from the building.

Parent/Guardian Signature _____

PUBLIC RELEASE INFORMATION:

The schools have permission to use my child's name and photograph in any school related news releases to area newspapers.

I/We wish the article to read: _____ son/daughter of _____

Parent/Guardian Signature _____