EMERGENCY MEDICAL AUTHORIZATION

Pupil Name____
Home Address_____________________________City_____________Zip________
Home Phone( )____-_____
Date of Birth_____/_____/______
Name/Names of responsible adult/adults student is living with:_________________

Mothers Name__________________ **Place of Employment_________________**
Work Phone____________________ **Cell Phone__________________________**
Father's Name__________________ **Place of Employment_________________**
Work Phone____________________ **Cell Phone__________________________**
Other Contacts-List by Priority:
Name__________________Phone______________Relationship__________________
Name__________________Phone______________Relationship__________________
Name__________________Phone______________Relationship__________________

Medication Taken Regularly____
Allergies:______________Medication_______________Food____________________
Health Concerns____
Special Instructions____
Medical Doctor________________ **Phone_______________________________**
Dentist________________________ **Phone_______________________________**
Eye Doctor____________________ **Phone_______________________________**
Preferred Hospital____

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, or in the event the designed preferred 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 opinion of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of each surgery.

Parent Signature______________________________________ **Date______________________________**

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 that the school authorities take the following action.____

Parent Signature_____________________________________ **Date_____________________________**

Permanent Travel Permission

____ has my permission to attend all school sponsored athletic trips during the
(Students Name)
current year. **Parent Signature____**