

**EMERGENCY MEDICAL AUTHORIZATION - MCKINLEY ELEMENTARY / POLAND MIDDLE SCHOOL**

PURPOSE: To enable parents/guardians to authorize the provision of emergency treatment for students who become ill or injured while under school authority, when parents/guardians cannot be reached.

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

**HEALTH ALERTS:** Student's allergies, medications, physical impairment or relevant medical history :

\_\_\_\_\_  
\_\_\_\_\_

Mother's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Other Contact # \_\_\_\_\_

Father's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Other Contact # \_\_\_\_\_

Other Authorized Contacts (able to pick student up or grant permission to go home):

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

**PART I OR PART II MUST BE COMPLETED**

**PART I: TO CONSENT**

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

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Medical Specialist \_\_\_\_\_ Phone \_\_\_\_\_

Local Hospital \_\_\_\_\_ 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 preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of this student to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concur with the necessity for such surgery, are obtained prior to the performance of such surgery.



\_\_\_\_\_  
Date Signature of Parent/Guardian Address

**PART II: REFUSAL TO CONSENT**

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

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date Signature of Parent/Guardian Address