

 **SUMMER ENRICHMENT ACADEMY 2011** 

EMERGENCY MEDICAL AUTHORIZATION

COMPLETED FOR REQUIRED FOR PARTICIPATION

School Attended: _____ Student Name: _____

Home Address: _____ Telephone: _____

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

Residential (lives with) Parents or Guardians	Home	Phone Numbers w/ Area Code		Cell
		Daytime	Evening	
Mother's Name: _____	_____	_____	_____	_____
Father's Name: _____	_____	_____	_____	_____
Other's Name: _____	_____	_____	_____	_____
Name of Other Emergency Contact: _____		Relationship to Child: _____		
Address: _____		Phone: _____		

PART I OR PART 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: _____

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 doctor, or, in the event the designated 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 opinions of two (2) 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:

Date: _____ Signature of Parent/Guardian: _____

PART II - REFUSAL TO CONSENT

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

Date: _____ Signature of Parent/Guardian: _____