

\*\*\*PLEASE USE BLUE OR BLACK INK ONLY\*\*\*

EMERGENCY MEDICAL FORM  
2022-2023 SCHOOL YEAR

New Address or Phone in the past year \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE / HOMEROOM \_\_\_\_\_ / \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ STUDENT CELL \_\_\_\_\_

ADDRESS (include City and Zip) \_\_\_\_\_

HOME PHONE \_\_\_\_\_ PARENT EMAIL \_\_\_\_\_

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

RESIDENTIAL PARENT OR GUARDIAN PHONE NUMBERS (Rank who should be contacted first, second, etc.):

Ranking:	Name:	Phone Numbers:
_____ MOTHER _____	CELL _____	DAYTIME _____
_____ FATHER _____	CELL _____	DAYTIME _____

Please list two additional contacts for your child that can be reached during school hours.

_____ NAME _____	RELATIONSHIP _____	PHONE _____
_____ NAME _____	RELATIONSHIP _____	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 _____
MEDICAL SPECIALIST _____	PHONE _____
LOCAL HOSPITAL _____	E.R. PHONE _____

CHILD'S MEDICAL COVERAGE (Name of Insurer) \_\_\_\_\_

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 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.

Does your child have any food allergies? Yes \_\_\_ No \_\_\_ If yes, please list \_\_\_\_\_

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 \_\_\_\_\_

ADDRESS \_\_\_\_\_

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PART II - REFUSAL TO CONSENT (Do not complete this portion if Part I was completed.)

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: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

\*\*\*PLEASE COMPLETE BOTH SIDES\*\*\*

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**PARENT INFORMATION:**

**Father's Name** \_\_\_\_\_ **Resides with Child** \_\_\_\_\_

**Street Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone Number** \_\_\_\_\_ **Cell Number** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Employer's Name** \_\_\_\_\_ **Work Number** \_\_\_\_\_

**Stepfather's Name (if applicable)** \_\_\_\_\_ **Resides with Child** \_\_\_\_\_

**Street Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone Number** \_\_\_\_\_ **Cell Number** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Employer's Name** \_\_\_\_\_ **Work Number** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Resides with Child** \_\_\_\_\_

**Street Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone Number** \_\_\_\_\_ **Cell Number** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Employer's Name** \_\_\_\_\_ **Work Number** \_\_\_\_\_

**Stepmother's Name (if applicable)** \_\_\_\_\_ **Resides with Child** \_\_\_\_\_

**Street Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone Number** \_\_\_\_\_ **Cell Number** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Employer's Name** \_\_\_\_\_ **Work Number** \_\_\_\_\_

**CUSTODY**

Are there any custody issues the school needs to be aware of? \_\_\_\_\_

If you answered yes, please inform the school in writing.

Are there custody papers on file? \_\_\_\_\_

Unless a legally stamped custody paper is on file in your child's school and is specific about not involving the other parent in school related matters, both parents have equal rights.

**PHONE NUMBER(S) TO BE USED FOR AUTOMATED DISTRICT PHONE CALLS:**

**Phone Number(s)** \_\_\_\_\_

\*\*\*REMEMBER TO KEEP THE SCHOOL INFORMED OF ANY CHANGES THROUGHOUT THE SCHOOL YEAR.\*\*\*

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