

Emergency Contact and Medical Information for a Child

The purpose of this form is to enable Parents/Guardians to authorize the provision of emergency treatments for children who become ill or injured while under school authority, when Parents/Guardians cannot be reached.

Child's Name

Date of Birth

M F

Sex

In the event of reasonable attempts to contact:

Parent's/Guardian's Name

Relationship

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Home/Cell Phone

Cell/Work Phone

Parent's/Guardian's Name

Relationship

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Home/Cell Phone

Cell/Work Phone

Address

Address (if different)

City, State, Zip Code

City, State, Zip Code

OR:

Alternative Emergency Contacts

Primary Emergency Contact

Relationship

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Home/Cell Phone

Cell/Work Phone

Secondary Emergency Contact

Relationship

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Home/Cell Phone

Cell/Work Phone

Address

Address

City, State, Zip Code

City, State, Zip Code

Medical Information

unsuccessfully, I hereby give my consent for (1) the administration of any treatment deemed necessary by designated medical practitioner, 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 the preferred hospital or any hospital reasonably accessible.

Hospital/Clinic Preference

Physician's Name

Phone Number

Dentist's Name

Phone Number

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

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. 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.

This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

I do **NOT** authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures.

Parent's/Guardian's Signature

Date