EMERGENCY MEDICAL AUTHORIZATION FORM
NORTON CITY SCHOOLS

IMPORTANT: PLEASE PRINT USING BLACK INK (NO GEL PENS PLEASE)!

Student Name ______________________________ BLDG:__________ GRADE: _____

Address:______________________________ Sex: ☐ M ☐ F Birth Date ____/____/____

City/Zip:______________________________ Phone: ________________ / ________________

Email Address:______________________________ Student # ______________

Parents or Guardians: Authorize emergency treatment by signing ONE of the boxes below.
Part I *or* Part II MUST be completed.
Failure to sign either will give authorization for treatment.

PART I: GRANT CONSENT

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

Physician______________________________ Phone ________-________________

Dentist ______________________________ Phone ________-________________

Medical Specialist ______________________________ Phone ________-________________

Local 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 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 the child to any hospital reasonable accessible.

This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists concurring the necessity of surgery is obtained prior to the performance of such surgery.

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

1. Medical Condition: ______________________________

____

2. Allergies ______________________________ **EPI-PEN: YES ____ NO_____**
3. Medications: ______________________________

(if medication is required to be administered during school hours, please complete medication forms available on district website.)

4. Bus Driver Medical Information: ______________________________

Signature of Parent/Guardian ______________________________ Date: _______

PART II: REFUSE CONSENT

I DO NOT GIVE CONSENT for emergency medical treatment of my child. In the event of illness or injury regarding emergency treatment, I wish the school authorities to take the following action: ______________________________

____

Signature of Parent/Guardian ______________________________ Date: _______

PLEASE LIST ANYONE NOT PERMITTED TO HAVE CONTACT WITH YOUR STUDENT:

(Legal documentation must be provided to be valid.)

Name ______________________________ Relationship to Student: ________________

Name ______________________________ Relationship to Student: ________________

PLEASE COMPLETE REVERSE SIDE.

EMERGENCY CONTACTS

Please list the order of persons to be contacted in an emergency, including the parents:

First Contact:

Name ________________________________ Relationship to Student __________________

Address ____

Daytime Phone_______-____________________Cell Phone ________-___________________

Second Contact:

Name ________________________________ Relationship to Student __________________

Address ____

Daytime Phone_______-____________________Cell Phone ________-___________________

Third Contact:

Name ________________________________ Relationship to Student __________________

Address ____

Daytime Phone_______-____________________Cell Phone ________-___________________

Fourth Contact:

Name ________________________________ Relationship to Student __________________

Address ____

Daytime Phone_______-____________________Cell Phone ________-___________________

FOR PRESCHOOL, ELEMENTARY AND MIDDLE SCHOOL USE ONLY:
CHILD CARE PROVIDER

Name ________________________________ Relationship to Student __________________

Address ____

Daytime Phone_______-____________________Cell Phone ________-___________________

MILITARY FAMILY INFORMATION

IS THE STUDENT A DEPENDENT OF A MEMBER OF THE ACTIVE DUTY FORCES (FULL-TIME) ARMY, NAVY, AIR FORCE, MARINE CORPS, COAST GUARD, NATIONAL GUARD, OR RESERVE FORCES (ARMY, ARMY NATIONAL GUARD OF THE U.S., AIR NATIONAL GUARD OF THE U.S., NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD)? ☐ **YES** ☐ **NO**