

Emergency Care Authorization

Student Name (Last/First/Middle): _____ Grade _____

Mother's Name: _____ Home/Work Phones: _____

Father's Name: _____ Home/Work Phones: _____

Health Insurance Provider _____ Policy # _____

Insurance Contact Person _____ Phone # _____

Physician _____ Phone # _____

Dentist _____ Phone # _____

Facility to be taken to in case of emergency _____

In case of emergency illness or accident the child is given first aid and the parents are notified. If the parents or the child's doctor cannot be located, the child will be taken to the Emergency Room. The school does not assume responsibility for the payment of hospital, doctor, dentist or ambulance fees.

I/We the undersigned parent(s) or legal guardian of the minor above-named minor do hereby authorize any x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment by any physician or dentist licensed by the State, and hospital service that may be rendered to said minor under general, specific, or special consent of an acting agent of the school, the temporary custodian of the minor, whether such diagnosis or treatment is rendered at the office of the physician or dentist, or at a hospital licensed by the State. I/We authorize the physician or dentist to call in any necessary consultants at his discretion, and further authorize said physician or dentist to exercise his discretion in authorizing the disposal of any severed tissue or member.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who have temporary custody of the minor, and said physician or dentist to exercise his/their best judgment as to the requirements of such diagnosis or medical or dental or surgical treatment.

This consent will remain effective for the duration of the student's enrollment at this school unless sooner revoked in writing, delivered to said persons entrusted with the custody, care and control of said minor.

Father's (Guardian) Signature _____ Date _____

Mother's (Guardian) Signature _____ Date _____

Witness's Signature _____ Date _____