

Emergency Information – Grades K-8

Whom should we contact in event of an emergency?			
	<i>Name</i>	<i>Relationship</i>	<i>Phone</i>
1 st	_____	_____	_____
2 nd	_____	_____	_____
3 rd	_____	_____	_____
4 th	_____	_____	_____

Child's name _____

Does your child have any allergies or other medical conditions? _____

If yes, please explain _____

Is your child taking medication on a regular basis? _____
 If so, what? _____

Child's name _____

Does your child have any allergies or other medical conditions? _____

If yes, please explain _____

Is your child taking medication on a regular basis? _____
 If so, what? _____

Child's name _____

Does your child have any allergies or other medical conditions? _____

If yes, please explain _____

Is your child taking medication on a regular basis? _____
 If so, what? _____

Child's name _____

Does your child have any allergies or other medical conditions? _____

If yes, please explain _____

Is your child taking medication on a regular basis? _____
 If so, what? _____

Emergency Medical Authorization

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 hospitals to be called.

DOCTOR _____ PHONE (____) _____-_____ DENTIST _____ PHONE (____) _____-_____

MEDICAL SPECIALIST _____ PHONE (____) _____-_____ LOCAL HOSPITAL _____ PHONE (____) _____-_____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give consent to (1) the administration of any treatment deemed necessary by the above named doctor, or, in the event the designated practitioner is not available, by another licensed physician or dentist; and (2) the transfer of my 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.

DATE ____/____/____ SIGNATURE OF PARENT/GUARDIAN _____

PART II: REFUSAL TO GIVE CONSENT

I do not give consent for emergency treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the PSR authorities to take the following action: _____

DATE ____/____/____ SIGNATURE OF PARENT/GUARDIAN _____