

**Emergency Medical Authorization**

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

**PART I – TO GRANT CONSENT**

Mother: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Father: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Additional Emergency Contact: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

Doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Medical Specialist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

In the event reasonable attempts to contact me, the other parent or the emergency contact at the above phone numbers have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by my preferred doctor or preferred dentist as stated above, 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 stated above or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of 2 other licensed physicians or dentists, concurring in the necessity for such surgery, or obtained before the surgery is performed.

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

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

**DO NOT COMPLETE PART II IF YOU HAVE COMPLETED PART I**

**PART II – REFUSAL OF CONSENT**

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 church/school to take no action or to:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian