

EMERGENCY MEDICAL AUTHORIZATION FORM

Student Name _____
Address _____

Home School _____
Program _____
Birthdate _____

School Messenger (Parent/Guardian Number) _____ (The **one** number you would like to be contacted for the following: **notification of your student’s absence**, closings or delays due to weather, or other various situations.)

Parent/Guardian Email _____

Parents: Married Divorced Separated Other, please specify _____

If divorced/separated/other, who is residential parent? _____

Official paperwork must be on file in the home school office.

Name of non-residential parent _____

Address of non-residential parent _____

Purpose – To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, or non-emergency incidents when parents or guardians cannot be reached.

Mother/Guardian Name _____ Cell Phone _____
Home Phone _____ Work Phone _____

Father/Guardian Name _____ Cell Phone _____
Home Phone _____ Work Phone _____

Other’s Name _____ Cell Phone _____
Relationship _____ Daytime Phone _____

Please list facts concerning the child’s medical history, including allergies, medication being taken, and any physical impairments to which a physician should be alerted.

Allergies (Please list all allergies, type of reaction, and usual treatment.): _____

Medical Condition(s): _____

Medications/Treatments: _____

Does this child have any condition that could be life-threatening? CHECK ONE: YES NO

If YES, please explain: _____

MEDICATION AUTHORIZATION: Dispensing Over-the-Counter Medications at School

I **authorize** the school nurse to provide a pain reliever and antacid to the above named student as needed during school hours (Please check approved medications.)

Acetaminophen (Tylenol) 650 mg Ibuprofen (Advil) 400 mg Calcium Carbonate (Tums)

I **do not authorize** the school nurse to provide a pain reliever and antacid to the above named student.

I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability foreseeable and unforeseeable for damages or injury resulting directly or indirectly from this authorization.

Signature of Parent/Guardian

Date

(Please complete both sides.)

COMPLETE ONLY ONE OF THE FOLLOWING (Section I or II):

SECTION I: Consent for Treatment

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

Preferred Physician:	Office Phone:
Preferred Dentist:	Office Phone:
Preferred Eye Specialist:	Office Phone:
Medical Specialist:	Office Phone:
Preferred Hospital:	ER Phone
Record of last Tetanus Shot:	

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 doctor, 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 reasonably accessible.

The authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity of such surgery, are obtained prior to the performance of such surgery.

Signature of Parent or Guardian

Address

Date

DO NOT COMPLETE SECTION II IF YOU COMPLETED SECTION I.

SECTION II: Refusal to 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 for the school authorities to take the following action _____

Signature of Parent or Guardian

Address

Date

Cost of all medical treatment and procedures are the responsibility of the student, parent or guardian. Applications for school insurance coverage are available in the home school and at Apollo Career Center.

Apollo Career Center Study Trip/Special Event Permit

The student has my permission to participate in trips to various locations as part of the instructional/co-curriculum activities. The student also has my permission to ride with an Administrator/Instructor to special events.

Signature of Parent/Guardian

Date