

DELAWARE CITY SCHOOLS - EMERGENCY MEDICAL AUTHORIZATION FORM

School _____ Student Name _____
Grade _____ Address _____
Telephone _____

Purpose - to enable parents and guardians to authorize emergency treatment for student who become ill or injured while under school authority, when parents or guardians cannot be reached.
Mother's Name _____ Daytime Phone _____
Father's Name _____ Daytime Phone _____
Guardian's Name _____ Daytime Phone _____
Name of relative or child care provider _____ Relationship _____
Address _____ Daytime Phone _____

PART I OR II MUST BE COMPLETED

PART I - TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:
Doctor _____ Daytime Phone _____
Dentist _____ Daytime Phone _____
Medical Specialist _____ Daytime Phone _____

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

PLEASE CHECK ALL THAT APPLY TO YOUR CHILD:
_____ on medication (if so, what? _____ does the medication need to be administered during school? (when?) _____
_____ diabetes
_____ asthma (medication taken?) _____
_____ epilepsy
_____ heart condition
_____ allergies
_____ physical limitations (please explain) _____
_____ vision loss
_____ other (please explain) _____

(Date)

Required: (Signature of Parent/Guardian)

PART 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
a school authorities to take the following action _____

(Date)

Required: (Signature of Parent/Guardian)