Emergency Medical Authorization Form
Waverly City School District

School (Please check one) ___**Primary** ___**Intermediate** ___**Jr. High** ___**High School** **Grade**_____

Student_____ Date of Birth_____ Telephone_____
Address_____

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

Residential Parent/Guardian: Mother's Name_____ Day Phone_____
Father's Name_____ Day Phone_____
Other's Name_____ Day Phone_____

Name of Relative/Childcare Provider_____ Relationship_____
Address_____ Day Phone_____

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*****Part I or Part II Must Be Completed Below*****

****Part I**** **TO GRANT CONSENT:** I hereby give consent for the following medical care providers and local hospital to be called.

Physician_____ Telephone _____
Dentist_____ Telephone_____
Medical Specialist_____ Telephone_____
Local Hospital_____ Telephone_____

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 the above named doctors, or, in the event the designated preferred 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/dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

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_____
Address_____

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****Part II**** **REFUSAL TO CONSENT:** I do <u>NOT</u> give my consent for emergency medical treatment of my child. In the event of illness/injury requiring emergency treatment, I wish the school authorities to take the following action: _____
_____
_____

Date_____ Signature of Parent/Guardian_____
Address_____