Minford Local School District
Emergency Medical
Authorization Form

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School _____ Grade _____ Student's Name _____

Street Address _____ City, State & Zip _____

Telephone Number (with area code) _____ Birth date _____

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

Residential Parent or Guardian

Mother's First & Last Name _____

Mother's Daytime Phone (with area code)_____

Father's First & Last Name _____

Father's Daytime Phone (with area code) _____

Other Contact Person's First & Last Name _____

Other Contact Person's Daytime Phone (with area code) _____

Name of Relative or Childcare Provider

_____ Relationship to Child _____

Street Address _____ City, State & Zip _____

Daytime Phone Number (with area code) _____

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To Grant Consent

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

Physician _____Phone Number (with area code) _____

Dentist _____Phone Number (with area code) _____

Medical Specialist _____ Phone Number (with area code) _____

Local Hospital _____ Emergency Room Phone _____

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 doctors, 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.

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.

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 or Guardian _____

Street Address_____ City, State and Zip _____