Rockwern Academy
Discover. Believe. Achieve.

Emergency Medical Authorization Form

School Year _____

The purpose of this form is 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. This form will be used during school hours and for authorized school activities off-campus. This form is valid for only for one school year.

Student Information:

Last Name:	First Name:	Date of Birth	Grade:
Street Address	City/State:	Zip code:	Home Phone:

Residential Parent or Guardian:

Mother's Name:	Daytime phone:	Cell phone:
Father's Name:	Daytime phone:	Cell phone:

Other Relatives or Childcare Providers (who may be contacted in an emergency):

Name:	Relationship:	Address:	Phone:
Name:	Relationship:	Address:	Phone:

You must complete either Part 1 or Part 2 below.

PART 1 – TO GRANT CONSENT: I hereby give consent for the below-named medical care providers and local hospital to be called. 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 below-named providers, 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.

Physician:	Phone:	Dentist:	Phone:
Medical Specialist:	Phone:	Local Hospital:	Phone:

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

_____

_____

Signature of Parent/Guardian:	Date:	Address:

PART 2 – 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 the school authorities to take the following action:

_____

_____

Signature of Parent/Guardian:	Date:	Address: