

**LINCOLNVIEW LOCAL SCHOOLS
EMERGENCY MEDICAL AUTHORIZATION**

5341 F1

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GRADE

FATHER'S INFORMATION		MOTHER'S INFORMATION		STUDENT'S INFORMATION	
FATHER'S NAME		MOTHER'S NAME		STUDENT'S NAME	
P.O. BOX & STREET ADDRESS		P.O. BOX & STREET ADDRESS		P.O. BOX & STREET ADDRESS	
CITY / ZIP		CITY / ZIP		CITY / ZIP	
WORK PHONE	CELL PHONE	WORK PHONE	CELL PHONE	BIRTH DATE	CELL PHONE
HOME PHONE		HOME PHONE		HOME PHONE	
E-MAIL (OPTIONAL)		E-MAIL (OPTIONAL)			

In the event of an emergency or your child being ill we will call the mother then father unless otherwise noted. We will then contact the following in the order of which you specify. Please list names and phone #s.

1. _____ 2. _____
 3. _____ 4. _____

MEDICAL HISTORY

Preferred Physician & Phone # _____

Medical Specialist & Phone # _____

Preferred Dentist & Phone # _____

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

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

PART 1 (TO GRANT CONSENT)

I hereby give my consent for:

- (1) The transfer of the child to the nearest appropriate hospital (this is a state law).
- (2) The administration of any treatment deemed necessary by the above named physicians or another licensed physician or dentist in the event that they are unavailable.

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 before the surgery is performed.

SIGNATURE OF PARENT OR GUARDIAN

DATE

**PART 11 (REFUSAL TO CONSENT)
(DO NOT COMPLETE PART 11 IF YOU COMPLETED PART 1)**

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 authorities to take the following action:

SIGNATURE OF PARENT OR GUARDIAN

DATE