

Gesu Catholic School

Emergency Medical Authorization

Student Name: _____

Room Number: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Cell Phone (Mother): _____

Cell Phone (Father): _____

Purpose – To enable parents to authorize the emergency treatment for children who become ill or injured while under school authority when parents cannot be reached.

Mother: _____ () _____

First

Last

Daytime Phone

Father: _____ () _____

First

Last

Daytime Phone

Other Name: _____ () _____

First

Last

Daytime Phone

Name of Relative or Childcare Provider:

_____ Relationship: _____

Address: _____ () _____

Daytime Phone

() _____

Cell Phone

City/State/Zip: _____

Please complete both sides of form

Part 1: The Grant Consent

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

Physician: _____ () _____

Phone

Dentist: _____ () _____

Phone

Medical Specialist: _____ () _____

Phone

Local Hospital: _____ () _____

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/Guardian: _____

Address: _____

City/State: _____ Zip: _____

Part II: Refusal of Consent

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring medical treatment, I wish the school authorities to take the following action:

Date: _____ Signature of Parent/Guardian: _____

Address: _____

City/State: _____ Zip: _____