

EMA Continued:

Student Name

Last

First

Middle

Statement regarding consent when contact of parent(s) is unsuccessful. In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) administration of any treatment deemed necessary by above named doctor been unsuccessful, I hereby give my consent for (1) administration of any treatment deemed necessary by named doctor or dentist identified below, or in the event the designated preferred practitioner is not available, by another licensed physician/dentist and (2) the transfer of the child to any hospital reasonable accessible.

PART I - TO GRANT AUTHORIZATION FOR RELEASE OF STUDENT TO SOMEONE OTHER THAN PARENTS

List the names of persons to whom your child may be released. Include the name and address of parents and three people that may assume responsibility of your child. Your child will not be released to any person other than those listed on this form.

Parent / Guardian _____ Address _____

Phone _____ Cell Phone _____ Work Phone _____

Parent / Guardian _____ Address _____

Phone _____ Cell Phone _____ Work Phone _____

Other Name _____ Address _____

Phone _____ Cell Phone _____ Relationship _____

Other Name _____ Address _____

Phone _____ Cell Phone _____ Relationship _____

AUTHORIZATION FOR EMERGENCY CARE

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

Doctor _____ Address _____ Phone _____

Dentist _____ Address _____ Phone _____

Hospital _____ Address _____ Phone _____

Parent / Guardian Signature _____ Date _____

DO NOT SIGN THIS SECTION IF YOU SIGNED ABOVE

PART II. REFUSAL OF CONSENT

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

Parent / Guardian Signature _____ Date _____