

# EMERGENCY MEDICAL ATTENTION AUTHORIZATION

Dear Parents,

Should an emergency arise and your child(ren) need medical attention, our school will arrange for the proper transportation and emergency care for your child(ren) at a nearby hospital; however your authorization is necessary. We strongly recommend that you complete this form and return it to the school office promptly.

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## TO WHOM IT MAY CONCERN:

I hereby give my permanent consent to \_\_\_\_\_ to make arrangements for  
School Name, Town  
my child(ren) in an emergency situation at the hospital of our choice (if medically feasible), in the event that it is impossible to reach me personally.

\_\_\_\_\_  
Preferred Hospital Name and Town

The emergency room treatment will be covered by:

Name of Insurance Company: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Full Name of Policy Holder: \_\_\_\_\_

School Insurance Policy: Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Father employed at: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother employed at: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Student	Birth Date	Date- Tetanus Booster	Allergies
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date