

**2015-2016 DURLING MIDDLE SCHOOL
EMERGENCY MEDICAL AUTHORIZATION FORM**

Last name _____ First name _____ Birth Date _____
 Address _____ City: _____ Zip _____
 Home Phone _____ Student's Cell _____
 Parent's E-mail Address _____ Grade _____ Male/Female _____

Custodial Parent/Guardian Information (please indicate which parent to call first, if applicable) **PLEASE PRINT**

Mother's Name _____ Work Phone (____) _____ Cell Phone (____) _____

Father's Name _____ Work Phone (____) _____ Cell Phone (____) _____

Purpose: 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/guardian cannot be reached. This does not allow person(s) below to take child out of school. Prior to each occurrence, parent must call the office or write a note giving permission for any person below to take child out of school for any reason (appointment, illness, etc.)

Name	Relationship	Home Phone	Work Phone	Cell Phone

**PART I (TO GRANT CONSENT)
PART I OR PART II MUST BE COMPLETED**

Doctor	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 doctor or dentist, 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 dentist, concurring in the necessity of 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: _____

**PART II (REFUSAL TO CONSENT)
DO NOT COMPLETE PART II IF YOU HAVE COMPLETED PART I**

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 :

Date _____ Signature of Parent/Guardian: _____