2014-2015 CLEARVIEW HIGH SCHOOL
EMERGENCY MEDICAL AUTHORIZATION FORM

LAST NAME _____**FIRST NAME** _____**Date of Birth**_____

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)**

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. ***PLEASE PRINT***

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:**_____

Revised 6/2014