

***Please check here if address or phone number has changed from last year.**

**New Bremen Local Schools
Emergency Medical Authorization Form**

1

Students Name _____	Grade _____	Date of Birth _____
Home Phone _____	Cell# Mother _____	Cell# Dad _____
Res. Address _____	City _____	
E-mail address _____	Child lives with _____	
Is there a legal custody order that applies to this child? ___Yes ___No		Father/Mother/Both/Other-if other please put guardian's name
If yes, who has legal custody? _____		

2

Emergency Contact Information:

_____	_____	_____
Father's Name	Employer	Work or day time phone #
_____	_____	_____
Mother's Name	Employer	Work or day time phone #
_____	_____	_____
Other Emergency Contact	Relationship	Day time phone #
_____	_____	_____
Other Emergency Contact	Relationship	Day time phone #

3

Medical Information: Please check all that apply

Allergies Food _____ EPI-Pen Yes No
Bees _____ EPI-Pen Yes No
Medications/other _____

Asthma Inhaler Yes No Diabetic Yes No

Other Medical Condition _____

Current Medications _____

My child has permission to be given Tylenol/Ibuprofen, cough drops/throat lozenges, or antacid when needed Yes No

Physician _____ Phone # _____
Dentist _____ Phone # _____
Other Med. Specialist _____ Phone # _____
Preferred Hospital or ER _____ Phone # _____

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Part I: **TO GRANT CONSENT**
I HEREBY GIVE CONSENT FOR THE FOLLOWING MEDICAL CARE PROVIDERS AND LOCAL HOSPITALS TO BE CALLED: 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 reasonable accessible. The authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Part II: **REFUSAL TO CONSENT**
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: _____

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Signature of Parent/Guardian (required for consent or refusal to consent) Date