The Tomrrow Center
2018-2019 EMERGENCY MEDICAL AUTHORIZATION FORM

Student's Name _____
Address _____
Zip _____

Residential Parent or Guardian:
Mother's Name _____ Daytime Phone ( ) _____
First Last
Father's Name _____ Daytime Phone ( ) _____
First Last
Other's Name _____ Daytime Phone ( ) _____
First Last

Name of Relative or Childcare Provider: _____
Address _____ Relationship _____
_____ Daytime Phone ( )
_____ Zip _____

PART I OR PART II MUST BE COMPLETED

PART I: TO GRANT CONSENT

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

Physician _____ Phone ( ) _____
Dentist _____ Phone ( ) _____
Medical Specialist _____ Phone ( ) _____
Local Hospital _____ Emergency Room 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 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 reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for 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 _____
Address _____ Zip _____

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:

_____
_____

Date _____ Signature of Parent/Guardian _____
Address _____ Zip _____

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 or guardians cannot be reached.

Emergency information is kept in each building office for use in case of emergency. Information is not distributed to staff. If parents wish that teachers have health/emergency information, this should be disclosed by parents on an individual basis.