



Medical Emergency Authorization Form

Name of Student: _____

As a parent or legal guardian, I authorize a qualified physician to examine the above named student and in the event of injury to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, he deems necessary to insure proper care of any injury. Every effort will be made to contact parent or guardian to explain the nature of the problem prior to any involved treatment.

Parent Signature: _____ Date: _____

Parent's Home Phone: _____ Work: _____

Emergency Contact:

Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Relationship of Contact Person: _____

Family Physician's Name: _____

Name of Family Insurance Company: _____

Policy #: _____

For School Use Only:

Date of Completion: _____

Duplicate Copy Distributed to: _____

Insurance Coverage by Parents Yes _____ No _____

Date of Copy in Permanent Records: _____