



GROSS SCHECHTER DAY SCHOOL

EMERGENCY MEDICAL AUTHORIZATION FORM

2010/2011

*** PRESCHOOL ***

STUDENT NAME: _____ **CLASS:** _____

The purpose of this form is to enable parents to authorize emergency medical treatment for their child should he/she becomes ill or injured while participating in school activities or on a school-sponsored field trip when parents cannot be reached.

A teacher from the school will supervise students participating in an activity or on a trip. Teachers will make every effort to safeguard the health, safety, and welfare of the student, but the school cannot be held responsible in the event of an accident or injury.

Additional permission is required for all approved activities where the child will be away from school. This form must be returned to school, where a copy will be made and sent with the teacher for each trip.

Either Part I or Part II must be completed by Parent.

Part I – Consent For Emergency Medical Treatment

In the event reasonable attempts to contact me or another responsible adult have been unsuccessful, I hereby give my consent for: 1) the administration of any treatment deemed necessary by my child's doctor or dentist, or, in the event the designated practitioner is not available, by another licensed physician or dentist; and 2) the transfer of the child to the hospital listed below or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring to 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: _____

Mother's Name _____ Father's Name _____

Mother's Emergency Number _____ Father's Emergency Number _____

Name and number of responsible adult _____

Hospital name and number _____

Doctor's name and number _____ Dentist's name and Number _____

Signature of Parent _____ Date _____

Part II – Refusal of Consent For Emergency Medical Treatment

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 **no** action, or do the following: _____

Signature of Parent _____ Date _____

*** PLEASE ALSO COMPLETE MASTER FIELD TRIP CONSENT FORM ***