

EMERGENCY MEDICAL AUTHORIZATION FORM

William V. Fisher Catholic High School

Student Name: _____ Birth Date: _____ Grade: _____

Address: _____ City/Zip Code: _____

Home Phone #: _____ Mom's Cell # _____ Dad's Cell # _____

Student lives with: ___ Both Parents ___ Mother ___ Father ___ Guardian ___ Step-Parent

Parents are: ___ Married ___ Divorced ___ Separated ___ Widowed

Is there a court custody order pertaining to this child? _____ **Who has custody?** _____

A copy of custody papers is REQUIRED to be on file

PARENT/GUARDIAN(S) AND EMERGENCY CONTACTS

Call Order:	Name:	Relationship:	Day Phone:	Cell Phone:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please indicate if your child has any of the following:

1) Allergies (please list): _____

2) Medications* (please list): _____

3) Inhalers* (please list): _____

4) Other medical concerns or conditions to which medical personnel should be alerted?

* Use and/or possession of any medications, whether prescribed or not, requires the appropriate documentation to be completed and on file with the school.

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 _____

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 the appropriate medical professional; 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.

Signature of Parent/Guardian for Grant to Consent

Date

PART II: REFUSAL TO CONSENT

I do NOT give 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:

Signature of Parent/Guardian for Refusal to Consent

Date