EMERGENCY MEDICAL AUTHORIZATION

Reading Community Schools

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.

Student _____

Address _____

Home Phone _____

School _____

Part I (Complete this section only if you wish to grant consent)

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 designated preferred physician or dentist, 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 preferred hospital or any hospital reasonably accessible.

Residential Parent or Guardian

_____ _____ _____

Mother Home Phone Work Phone

_____ _____ _____

Father Home Phone Work Phone

_____ _____ _____

Other Contact Home Phone Work Phone

_____ _____

Address Relationship

_____ _____ _____

Other Contact Home Phone Work Phone

_____ _____

Address Relationship

_____ _____

Preferred Doctor Phone

_____

Address

_____ _____

Preferred Dentist Phone

_____

Address

_____ _____

Preferred Local Hospital Phone

The authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to performance of such surgery. Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physicians should be alerted:

_____

_____

_____ _____

Parent Signature Date

Part II (Complete this section only if you wish to refuse 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 no action or to:

_____

_____ _____

Parent Signature Date

Complete either Part I or II – Do not fill out both parts.