

Emergency medical authorization (complex)
ROSWELL HIGH SCHOOL
EMERGENCY MEDICAL AUTHORIZATION

Student's Name	Date of Birth	School Attending	Bus #
Address	Zip	Telephone #	Neighbor or Alternate Person
Parent's Custodian's Name	(If unlisted, circle the #) telephone #)		Telephone # where alternate can be reached
Custodial Parent in case of separation	Grade	Neighbor or Alternate Person	
			Telephone # where Alternate can be reached

Purpose: To enable parents to authorize emergency treatment for children who become ill or injured under school authority. When parents cannot be reached.

Part 1 or II must be completed
Part 1 – TO GRANT CONSENT

In the event reasonable attempts to contact me _____ at _____ or _____
Name of Parent Phone #
 _____ at _____ have been unsuccessful, I hereby give my consent
Name of other Parent Phone #
 for (1) the administration of any treatment deemed necessary by Dr. _____
 Phone # _____ (preferred physician) or Dr. _____
 Phone # _____ (preferred 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 _____
 phone # _____ (preferred hospital) or 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 before surgery is performed

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted _____

Date	Signature of Parent or Custodian
If you wish school to take no emergency medical action	Address
Do not sign this portion but fill out below	

Do not complete Part II - If you completed Part 1
PART 2 – REFUSAL TO CONSENT

I do not give my consent for emergency 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:

Date	Signature of Parent/Guardian
Address:	_____