Student Name______________________________
Address__________________________________
Phone Number_____________________________
Birthdate________________________________

EMERGENCY MEDICAL AUTHORIZATION/SAINT MICHAEL SCHOOL

Purpose-To enable parents and guardians the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

PLEASE LIST ALL MEDICAL CONDITIONS OF YOUR SON/DAUGHTER

Medical
Condition____
____
Treatment____

Part I or II must be completed; Part I to grant consent.

1st Contact: PARENT

Name____
Home phone ___________________________Cell Phone______________________
Work Place___________________________ Work Phone______________________

2nd Contact: Other PARENT

Name____
Home Phone ___________________________Cell Phone______________________
Work Place ___________________________ Work Number_____________________

In the event reasonable attempts to contact the above persons have been unsuccessful, I hereby give my consent for: 1. The administration of any treatment deemed necessary by
Dr. ____________________________________ (physician) or
Dr. ____________________________________ (dentist) or in the event the designated preferred physician is not available, by another licensed physician or dentist and
2. The transfer of the child to ____________________________________(preferred hospital) or any hospital reasonable accessible. This authorization does not cover major surgery unless the medical opinions or two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

____________________ ____
Date Signature of Parent/Guardian

Do not complete Part II if you completed Part I

Part II Refusal to 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: ____

____________________ ____
Date Signature of Parent / Guardian