

ST. PETER SCHOOL
EMERGENCY MEDICAL AUTHORIZATION FORM
2022 - 2023

Student Name _____ Date of Birth _____ Grade _____

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. **Please note that when you change address, alternative contacts or phone number you will need to CALL the office to update your information.** Current information is very important in contacting you in the event of an emergency.

First Parent Contact: _____ Phone #1 _____ Phone #2 _____

Email: _____

Second Parent Contact: _____ Phone #1 _____ Phone #2 _____

Email: _____

Third Contact: _____ Phone #1 _____ Phone #2 _____

↳ Relationship to student _____

Fourth Contact: _____ Phone #1 _____ Phone #2 _____

↳ Relationship to student _____

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

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 below-named doctors, 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 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 each surgery, are obtained prior to the performance of such surgery.

I hereby give consent to the following medical care providers and local hospital to be called:

Physician: _____ Phone _____

Dentist: _____ Phone _____

Medical specialist _____ Phone _____

Local Hospital _____ Phone _____

Signature _____ Date _____

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 to take the following action:

Signature: _____ Date _____

Please complete other side

Please list any additional person(s) **permitted** to pick-up this child:

Name:	Phone:	Relationship to student:

List of person(s) **NOT PERMITTED** to pick-up this child:

Name:	Relationship to student:	Restraint papers or Divorce decree attached:
		Yes No
		Yes No
		Yes No
		Yes No

It is the responsibility of the Parent / Guardian to report their student's absence. Please call the office **before 7:45** to report your child off school. You can call before school hours and leave a message stating the name of student, date and reason for absentee or tardiness.

Any student arriving to school **after 7:50** will be considered tardy.

Also, please contact the office **before 2:15** whenever there is a change in afternoon transportation.

School Office 330-452-0125