

Pymatuning Valley High School Emergency Medical

Student's Full Legal Name: _____ GRADE _____

Resides At: _____ PO Box # _____

City: _____ Zip Code : _____ Phone: (____) _____

Cell Phone: _____

Mailing Address (If not the same as residential) _____

City _____ Zip Code: _____ PO Box# _____

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

RESIDENTIAL PARENT/GUARDIAN: (Only list those living in the household)

Mother's name	Workplace	Phone
Father's name	Workplace	Phone
Step Mother's name	Workplace	Phone
Step Father's name	Workplace	Phone

CONTACT PERSON OTHER THAN RESIDENTIAL PARENT/GUARDIAN: (Two contacts required)

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

PART I OR II MUST BE COMPLETED

PART I - TO GRANT CONSENT

I hereby give consent for the following medical care providers and hospitals to be called:

Doctor: _____

PHONE: _____

Dentist: _____

PHONE: _____

Preferred Hospital: _____

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 above-named doctor, 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 such surgery, are obtained prior to the performance of such surgery.

_____ **Please list facts concerning the student's medical history.**

Include: allergies, medications being taken, and any physical concerns to which a physician should be alerted.

DATE: _____ SIGNATURE OF PARENT/GUARDIAN: _____

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 the following action:

DATE: _____ SIGNATURE OF PARENT /GURARDIAN: _____