

**Bethlehem Lutheran School**

**EMERGENCY MEDICAL AUTHORIZATION**

Students' Names	Grades:	FAMILY NAME _____
_____	_____	Address _____
_____	_____	_____ Zip _____
_____	_____	Telephone _____
_____	_____	<b>PURPOSE:</b> 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.
_____	_____	
_____	_____	

**PART I OR II MUST BE COMPLETED**

**PART 1 – TO GRANT CONSENT**

In the event reasonable attempts to contact me at home or at \_\_\_\_\_ or \_\_\_\_\_ (Name of other parent or guardian) at \_\_\_\_\_ (phone no.) have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by Dr. \_\_\_\_\_ (physician and phone no) or Dr. \_\_\_\_\_ (dentist and phone no.) or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; (2) in the event that I or the others listed are not available, I give my permission to Bethlehem Lutheran School to provide first aid for the child (ren) named above; and (3) the transfer of the child to \_\_\_\_\_ (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 prior to the performance of such surgery.

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

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ Signature of Parent of Guardian \_\_\_\_\_

Date \_\_\_\_\_ Signature of Parent of Guardian \_\_\_\_\_

Date \_\_\_\_\_ Signature of Parent of 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 of Guardian \_\_\_\_\_

- (Please use the margin to note anything about your child's health which is not asked in the question.)