



Groveport Madison Local Schools Emergency Medical Authorization

Please Print

STUDENT INFORMATION

Name _____ Male/Female _____ Grade _____
 Street Address _____ Teacher/Team _____ Bus _____
 City _____ School _____
 New Address? ____ Y ____ N Birth Date _____ Home Phone _____
 Known Allergies _____
 Current Medications _____
 Health Concerns (diabetes, asthma, seizures, etc.) _____
 Physical Impairments _____
 Date of last Tetanus booster _____

PARENT/GUARDIAN INFORMATION

Mother's Name _____ Address _____
 (Street) (City) (State)
 Telephone _____ Place of Employment _____
 (Home) (Cell) (Work)
 Mother's eMail _____ Father's eMail _____
 Father's Name _____ Address _____
 (Street) (City) (State)
 Telephone _____ Place of Employment _____
 (Home) (Cell) (Work)
 Name of Student's Legal Guardian _____ Phone _____
 With whom does the student reside? _____ Language Spoken at Home _____
 Non-custodial parent may be contacted in the event I cannot be reached: ____ Y ____ N
 Name of non-custodial parent/guardian _____ Phone _____
 List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached:
 1. Name _____ 2. Name _____
 Relationship to student _____ Relationship to student _____
 Address _____ Address _____
 Telephone _____ Telephone _____
 (Home) (Work) (Home) (Work)

EMERGENCY MEDICAL AUTHORIZATION

Part 1 or Part 2 MUST be Completed

Part 1 (Grant Consent)

In the event reasonable attempts to contact me at _____ (phone) or _____ (phone) have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by: Dr. _____ at _____ (phone), or Dr. _____ at _____ (phone), or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of my child to _____ 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 necessity for such surgery, are obtained before surgery is performed.

Signature of Legal Guardian _____ Date _____

Part 2 (Refusal to Grant Consent) – Do not complete Part 2 if you completed Part 1

I do NOT give my consent for emergency medical treatment for my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to TAKE NO ACTION or to _____

Signature of Legal Guardian _____ Date _____