

Groveport Madison Local Schools
EMERGENCY MEDICAL AUTHORIZATION

Please Print

Student's Name _____ Male/Female _____ Grade _____
(Last) (First) (M.)

Street Address _____ Teacher/Team _____

City _____ School _____

(New Address? ___ Yes ___ No) Bus _____

Name of Legal Guardian _____ Home Phone _____

With whom does the student reside? _____ Cell Phone _____

Non-custodial parent may be contacted in the event I cannot be reached: ___ Yes ___ No Birth Date _____

Name of non-custodial parent/guardian _____ Phone Number _____

Mother's Name _____ Home # _____ Work # _____

Place of Employment _____ Cellular # _____ Pager _____

Father's Name _____ Home # _____ Work # _____

Place of Employment _____ Cellular # _____ Pager # _____

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)

Known Allergies: _____

Current Medications: _____

Health Concerns: (diabetes, asthma, seizure, etc.) _____

Physical Impairments: _____

Date of last Tetanus booster: _____

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Part 1 or 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** _____