



# Medical Emergency Authorization Form

Name of Student: \_\_\_\_\_

As a parent or legal guardian, I authorize a qualified physician to examine the above named student and in the event of injury to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, he deems necessary to insure proper care of any injury. Every effort will be made to contact parent or guardian to explain the nature of the problem prior to any involved treatment.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Relationship of Contact Person: \_\_\_\_\_

Family Physician's Name: \_\_\_\_\_

Name of Family Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

For School Use Only:

Date of Completion: \_\_\_\_\_

Duplicate Copy Distributed to: \_\_\_\_\_

Insurance Coverage by Parents                      Yes \_\_\_\_\_                      No \_\_\_\_\_

Date of Copy in Permanent Records: \_\_\_\_\_