

**EMERGENCY MEDICAL FORM – PTA SPONSORED AFTER SCHOOL ACTIVITIES**

School Year: \_\_\_\_\_ Student Name: \_\_\_\_\_

School: \_\_\_\_\_ Parent Name: \_\_\_\_\_

**PHONE INFORMATION MUST BE COMPLETED**

During this activity, I can be reached at \_\_\_\_\_ or \_\_\_\_\_  
(Phone Number) (Alternative Number)

**OR** other parent: \_\_\_\_\_ at \_\_\_\_\_ or \_\_\_\_\_  
(Phone Number) (Alternative Number)

**OR** contact person: \_\_\_\_\_ at \_\_\_\_\_ or \_\_\_\_\_  
(Phone Number) (Alternative Number)

**PART I OR PART II MUST BE COMPLETED.**

**Part I. To Grant Consent:**

If attempts to reach the above have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by an emergency medical technician or by Dr. \_\_\_\_\_

(Preferred Physician)  
at \_\_\_\_\_ OR Dr. \_\_\_\_\_ at \_\_\_\_\_  
(Phone Number) (Preferred Dentist) (Phone Number)

or, if such designated practitioner is not available by another licensed physician or dentist and

(2) the transfer of the student to \_\_\_\_\_ or any hospital reasonably  
accessible. (Preferred Hospital)

**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 before the surgery is performed.**

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

\_\_\_\_\_

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

***DO NOT COMPLETE PART II IF YOU HAVE COMPLETED PART I***

***PART II. Refusal To Consent***

I do **NOT** give my consent for emergency medical treatment of my child.

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