

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: _____