



# MAPLEWOOD CAREER CENTER



## 2009-2010 Emergency Medical Authorization

PURPOSE: To enable parents and guardians to authorize the provisions of emergency treatment for students who become ill or injured while under school authority. **Please make any corrections to the information below.**

Name	Program	School	Address	Phone

Parent/Guardian	Parent/Guardian Work Phone	Parent/Guardian Address	Parent/Guardian Phone

Student lives with: \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other: \_\_\_\_\_

### PLEASE COMPLETE PART I OR PART II, NOT BOTH

#### PART I – TO GRANT CONSENT

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by the attending physician or dentist, (2) the transfer of the child to Robinson Memorial Hospital in Portage County or the nearest hospital if out of Portage County on a field trip.

I hereby give consent for the following medical care providers to be called:

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

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 prior to the performance of such surgery.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

#### PART II – REFUSAL TO CONSENT

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

**OVER**



# MAPLEWOOD CAREER CENTER



## 2009-2010 Authorized Release

Name	Program	School	Address	Phone

In case of the necessity to release your student for purposes of illness, early dismissal, school emergency, etc., please **PRINT** in order of preference the adults we may contact.

A	Name	Relationship	Home Phone	Work or Other Phone
B	Name	Relationship	Home Phone	Work or Other Phone
C	Name	Relationship	Home Phone	Work or Other Phone
D	Name	Relationship	Home Phone	Work or Other Phone
E	Name	Relationship	Home Phone	Work or Other Phone

A parent/guardian will be asked to provide transportation for his/her student during the school day for:

1. temperature above 100°
2. vomiting and/or diarrhea
3. lice
4. conjunctivitis
5. skin rash of unknown cause
6. excessive irritation/inflammation of the eye(s)
7. an episode/injury during the school day which might need parent/physician evaluation or intervention

Facts concerning the child's medical history:

Allergies \_\_\_\_\_

Current Medications \_\_\_\_\_

Physical Problems/Conditions to Which a Physician Should Be Alerted \_\_\_\_\_

Other \_\_\_\_\_

Immunizations Current     Yes     No

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian