

**MAPLEWOOD CAREER CENTER  
FIELD TRIP - EMERGENCY MEDICAL AUTHORIZATION CARD**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
PARENT/GUARDIAN \_\_\_\_\_

EMERGENCY # \_\_\_\_\_

DOCTOR NAME # \_\_\_\_\_ DOCTOR PHONE # \_\_\_\_\_

HOSPITAL \_\_\_\_\_

DENTIST NAME \_\_\_\_\_ DENTIST PHONE # \_\_\_\_\_

ALTERNATIVE PERSON(S) TO BE NOTIFIED IF UNABLE TO LOCATE PARENT/GUARDIAN:

\_\_\_\_\_  
(Relationship)

**I. CONSENT FOR TREATMENT**

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any deemed necessary by the attending doctor; and (2) the transfer of my child to the nearest available hospital. This authorization does not cover major surgery unless the medical opinions of two (2) other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

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

**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 the following action:

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