

**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 _____