

**MAPLEWOOD CAREER CENTER**  
**2023-2024 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 print the information below.**

STUDENT NAME	HOME ADDRESS	PROGRAM	HOME DISTRICT

PARENT/GUARDIAN	PARENT/GUARDIAN ADDRESS	PARENT/GUARDIAN PHONE	PARENT/GUARDIAN WORK PHONE

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

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

Facts concerning the child's medical history:

Allergies: \_\_\_\_\_

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

Physical Problem/Conditions to which a physician should be alerted: \_\_\_\_\_

Other: \_\_\_\_\_

Immunizations Current     Yes         No

**OVER**  
**THE BACKSIDE MUST BE COMPLETED AND SIGNED**

# 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 University Hospitals Portage Medical Center 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