

**EASTWOOD SCHOOL DISTRICT
EMERGENCY MEDICAL AUTHORIZATION
2018-2019**

STUDENT NAME _____

GRADE _____

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for students who become ill or injured while under school authority.

Student Full Name: _____ Date of Birth: _____ Gender: M F

Address: _____ 00000 Home Phone Number: _____
Street Address City State Zip Code

Email Address (for school information and teacher contact): _____

	Mother	Father	Other Household Members & Relationship <small>(Include siblings, step-parents and other adults in household)</small>
Name:	_____	_____	_____
Address:	_____	_____	_____
Home Phone:	_____	_____	_____
Cell Phone:	_____	_____	_____
Employer:	_____	_____	_____
Work Phone:	_____	_____	_____
Work Hours:	_____	_____	_____

Name of Non-Custodial Step-Parent (if applicable): _____

Child lives with: Both Parents Mother Only Father Only Mother/Stepfather Father/Stepmother Guardian

Please "X" if any information has changed in the past year. This will allow us to update our files:

Home Phone Cell # for Dad/Mom Address Email Address Other Contact Medical

Please remember to update the school office(s) if there are changes in any of the above information throughout the school year.

If your child becomes ill during the school day and you cannot be reached, please list the person(s) you wish notified to pick your student up. Please list as many as possible. Additional contacts can be listed on another page.

1. Name: _____ Phone #: _____ Relationship: _____
2. Name: _____ Phone #: _____ Relationship: _____
3. Name: _____ Phone #: _____ Relationship: _____

FIELD TRIP AND SPECIAL EVENTS PERMISSION FORM

As part of the educational program in Eastwood Schools, students are occasionally taken on field trips requiring school-provided transportation. Below is "blanket" permission from which, when signed, will give parental permission for ALL field trips to be taken during the school year.

I hereby give my child, (please print child's name) _____ permission to participate in school related field trips throughout this school year. I understand that I will be notified in advance of each trip. I understand that I must inform the school at the time of the particular trip if I do not want my child to participate.

Restrictions (if any): _____

Parent/Guardian Signature

Date

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MEDICAL ALERTS INFORMATION:

Please list or update facts concerning the student's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted. **If listed information no longer applies, please cross out.**

Date of last DPT or Tetanus Booster

PART I or II MUST BE COMPLETED

PART I - GRANT CONSENT

In the event that reasonable attempts to contact the above individuals have been unsuccessful, I hereby give my consent for:

Preferred Doctor _____ Phone _____
Preferred Dentist _____ Phone _____
Hospital of Choice _____

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 above named doctors, or, in the event the designated practitioner is not available, by another licensed physician or dentist: and
2. The transfer of the child to any hospital reasonable accessible if none are listed. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dents, concurring in the necessity for such surgery, are obtained before surgery is performed.

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 _____ Parent/Guardian Signature _____

PART II - REFUSAL TO CONSENT

(Do not complete if you completed part I)

I do not give consent for emergency 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 _____ Parent/Guardian Signature _____

**PLEASE COMPLETE THIS ENTIRE FORM ON BOTH SIDES AND RETURN TO THE SCHOOL OFFICE
AS SOON AS POSSIBLE!**