MAPLEWOOD CAREER CENTER
2024-2025 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.

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

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