

**EAST CLINTON LOCAL SCHOOLS  
EMERGENCY MEDICAL RECORD**

**STUDENT NAME:** \_\_\_\_\_ **STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **SPORTS:** \_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION (REQUIRED PER HB 639)**

**PURPOSE:** To enable parents/guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority. By listing the people below, you are giving permission for them to pick up your child from school or any school activity. In an emergency situation, parents/relatives would be contacted in the order listed below.

**EMERGENCY CONTACT NUMBERS**

<b>Name</b>	<b>Phone #1</b>	<b>Phone #2</b>	<b>Relationship to child</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**I hereby give consent for the following medical care providers and local hospitals to be called:**

**DOCTOR** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**DENTIST** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**HOSPITAL** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**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 above named doctor, or in the event the designated practitioner is unavailable, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. 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 to the performance of such surgery.

**Facts concerning the child's medical history including allergies, medications being taken and any impairments to which a physician should be alerted:** \_\_\_\_\_

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Date \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

**PART II – REFUSAL TO GRANT CONSENT**

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring treatment, I wish the school authorities to take the following action: \_\_\_\_\_

Date \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_