MEDICAL EMERGENCY AUTHORIZATION FORM 2024-2025

The **Orange-Ulster BOCES** Special Education Program must have parental permission to provide emergency medical treatment to your child in the event an accident occurs during school hours. This form will be used ***only*** if a parent or the adult(s) listed below cannot be reached. **Orange-Ulster BOCES** student accident insurance pays only for costs **NOT** covered by your family insurance. Your health insurance policy number will be needed by the hospital before your child can be treated. Please provide the information below promptly so that we can provide medical attention as quickly as possible in the event of an emergency. Please call the **BOCES** Health Office if you have any questions. Thank you.

Student: _____ **DOB:** _____

Address: _____ **District:** _____

_____ (City) _____ (State) _____ (Zip Code)

**** In case of emergency, please list the order in which you would like us to contact the following ****

1st Person Contacted	**Parent/Guardian**	Relationship to student	Telephone by order of preference	Home/Work/Cell
			1)	
	Contact lives with student? ☐Yes ☐No		2)	
			3)	

E-Mail: _____

2nd Person Contacted	**Parent/Guardian**	Relationship to student	Telephone by order of preference	Home/Work/Cell
			1)	
	Contact lives with student? ☐Yes ☐No		2)	
			3)	

E-Mail: _____

3rd Person Contacted	**Other**	Relationship to student	Telephone by order of preference	Home/Work/Cell
			1)	
	Contact lives with student? ☐Yes ☐No		2)	
			3)	

E-Mail: _____

Health Care Provider: _____ **Phone No.:** _____

Medication (Include name, dosage, time): _____

Medical Conditions/Problems: _____

Allergies (asthma, etc.): _____

Special Equipment: _____

Private Medical Insurance (name, policy number): _____

Medicaid Medical Insurance (name, policy number): _____

My signature below authorizes Orange-Ulster BOCES to release my child's confidential information to school staff or other persons who have a need to know: teacher, principal, nurse, school district transportation director and school bus driver as needed, to provide safe transport to and from school. All other student information and records will be kept in a confidential manner and will not be released without written authorization of parents or guardians.

Parent/Guardian Signature: _____ **Date:** _____