



## PERMISSION FOR EMERGENCY CARE

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Student Address/City/State/Zip

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Number

\_\_\_\_\_  
Home Number

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Number

\_\_\_\_\_  
Home Number

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If a parent cannot be reached, please contact a ***close relative*** or ***friend***.

1. \_\_\_\_\_

Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home Phone

2. \_\_\_\_\_

Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home Phone

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Health Conditions/Allergies: \_\_\_\_\_

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

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### EMERGENCY AUTHORIZATION

To ensure the care of my child, I agree that pertinent health information may be shared with appropriate school staff, and may be forwarded to emergency medical personnel in emergency situations. I agree to notify the school nurse of any changes in medication or change in any health status of my child. I agree if any of the above information changes, I will notify the school immediately. I understand that in case of an emergency the school will first attempt to contact me. If I cannot be reached, I authorize the transport of my child to a hospital and authorize the physician or medical personnel to carry out any diagnostic procedures or emergency care deemed necessary. I will accept the full financial responsibility for charges connected with the use of an ambulance and charges connected with any medical necessary. I acknowledge that all foregoing above information is true and correct.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date