

# Brookfield Central School

Achieving Academic Excellence

**Superintendent**

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**Business Manager**

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**District Treasurer**

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P.O Box 60, 1910 Fairground Road, Brookfield, NY 13314



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Jeffrey Beehm, Vice President

Dawn Brean

Sean Karn

Valerie Nolan

**District Clerk**

Christa Case

Telephone: (315) 899-3323

Fax: (315)-899-8902

## AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT OF A MINOR CHILD

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

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

Hospitalization Coverage: \_\_\_\_\_

Name of Insurance Plan: \_\_\_\_\_

Identification or Contract Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

I/We, being the parent(s)/legal guardian(s) of the above named minor student, do hereby appoint any designated School Personnel or :

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

to act in my/our behalf in authorizing emergency medical, dental, or surgical care and/or hospitalization for the above named minor during the period of:

From: \_\_\_\_\_ To: \_\_\_\_\_

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