nassau BOCES Barry Tech

WORK-BASED LEARNING

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

Name of Student:____`

Parent/Legal Guardian: ____

Relationship:____

Telephone: ______________________________ Email:________________________________

Address:

In case of emergency, if unable to contact parent/guardian, please contact:

1. Telephone: _______________________________Relationship: _____________________________

2. Telephone: _______________________________Relationship: _____________________________

Student's Physician: ____________________________Telephone: _____________________________

Student's Dentist: ______________________________Telephone: _____________________________

If student is taking any regularly prescribed medication, is allergic to any medication, or if there is any other emergency information we need to know, please indicate below:

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Acknowledgement

In the event of an accident or illness, I hereby grant permission to authorized personnel to provide first aid to my child in the event of an emergency if reasonable attempts to contact those named above prove unsuccessful. I hereby give consent to transport my child to the Emergency Medical Department of the nearest hospital. If the student's physician cannot be contacted, medical treatment deemed necessary by the attending licensed physician or dentist may be administered.

Signature of Parent/Legal Guardian: ____

Date: _____________

PLEASE RETURN THIS AUTHORIZATION TO:

Mrs. Randi O'Moore, Work Experience Teacher-Coordinator
Telephone: 516-622-6887 ⁂ Fax: 516-622-6851 ⁂ romoore@nasboces.org