

Brookfield Central School

Achieving Academic Excellence

Superintendent Dr. Thomas Butler Interim Principal Wendy Keehfus-Jones District Clerk Christa Case		Board Members Valerie Nolan, President Corey Grey, Vice President Dawn Brean Julie Wratten Isaac Hafelin Business Manager/District Treasurer Tiffany Lopesz
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P.O Box 60, 1910 Fairground Road, Brookfield, NY 13314

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 time:

From _____ To _____

Parent/Guardian Signature: _____ Date: _____