

\_\_\_\_\_  
NAME OF SCHOOL

## PARENT AUTHORIZATION FOR EMERGENCY TREATMENTS

In consideration of admittance, I \_\_\_\_\_  
*(Parent/Guardian)*  
hereby authorize the \_\_\_\_\_  
*(Name of School)* to arrange  
for medical examination and/or treatment of my child \_\_\_\_\_  
*(Name)*  
should an emergency arise at school or on a field trip. It is understood that a conscientious effort  
will be made by the school to contact me at the emergency numbers I have provided below,  
before any medical action is taken. I would prefer to have my child, if the need arises, taken to  
\_\_\_\_\_ Hospital.\*

\_\_\_\_\_  
\*Choice of hospital may be limited by service of local rescue squad.

DATE:

Home Phone:

Business Phone:

\_\_\_\_\_  
*MOTHER OR GUARDIAN-SIGNATURE*

DATE:

Home Phone:

Business Phone:

\_\_\_\_\_  
*FATHER OR GUARDIAN-SIGNATURE*

Relatives, or other persons to contact in an emergency situation:

NAME:.....	NAME:.....
ADDRESS:.....	ADDRESS:.....
.....	.....
PHONE:.....	PHONE:.....
RELATIONSHIP TO CHILD:.....	RELATIONSHIP TO CHILD:.....