Emergency Medical Authorization

This form **MUST** be completed by the first day of school each year. A separate form must be completed for each child. Please print legibly.

REDEEMER CHRISTIAN SCHOOL

2019-2020

Student Name_____ Grade _____Birthdate_____

Primary Phone _____ Address_____ City, Zip _____

First Contact

Name _____

Address _____

_____

Relationship: _____

Primary Phone _____

Cell / Work Phone (Please circle one)

_____

Email _____

Second Contact

Name _____

Address _____

_____

Relationship:_____

Primary Phone _____

Cell Phone _____

Work Phone _____

Email _____

Purpose: To enable parents/guardians to authorize the provision of emergency treatment for children who become ill or injured under school authority.

Name	Relationship	Phone #1	Primary	Cell	Work	Phone #2	Home	Cell	Work
Name	Relationship	Phone #1	Primary	Cell	Work	Phone #2	Home	Cell	Work

Complete only Part I OR Part II – not both!

Part I: To Grant Consent

I hereby give my consent for the administration of any treatment deemed necessary by the preferred physician, dentist, specialist and/or hospital listed below: OR in the event the designated preferred practitioner or hospital is not available, by another licensed physician or dentist or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Physician _____ Phone _____ Medical Specialist _____ Phone _____

Dentist _____ Phone _____ Preferred Hospital _____ Phone _____

_____ _____

Signature of Parent / Guardian Date

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Part II: Refusal to Consent (DO NOT complete if Part I above is completed)

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

_____

Signature of Parent / Guardian_____ Date_____

Grades 5-8 only

Acetaminophen, 500 mg tablet. Please, give my child 1 tablet___ or ___ 2 tablets if requested? Tablets only, no liquid or chewable provided.

I give ( ) I do not give ( ) consent that the above named student may leave the Redeemer Campus after school dismissal without my expressed written or verbal consent to any faculty or staff member.