

Students

Exhibit – Authorization for Medical Treatment

This form contains critical information that may be used in the event of an emergency and a parent/guardian cannot be reached. Please review the information listed below for your child. Please correct any information that needs to be updated, as well as list any new medical information that is not listed below for your child. Please sign and return this form to the high school front office. This form is required from all high school students, regardless of whether or not he/she participates in athletics/activities. For those students participating in a summer sport/activity, the form needs to be turned in prior to participating in that sport/activity. All other students must turn in the form no later than the first day of school.

Student Name

Parent/Guardian

Home address

Home phone

Cell phone

Alternate phone number (i.e. work)

Physician Name

Physician Phone

Known Medical Information:

Additional Medical Information Not Listed Above: *(list all allergies, medications being taken, conditions and any known restrictions)*

In the event of a medical emergency and if reasonable attempts to contact me using the telephone numbers listed above are unsuccessful:

I, as parent or legal guardian of the above student, do hereby authorize:

1. Treatment by a licensed medical physician of my child/ward in the event of a medical emergency that, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed, and
2. Transfer of my child/ward to any hospital reasonably accessible at my expense.
3. This authorization is effective during the entire 2017-18 school year.

Parent/Guardian Signature

Date

Superintendent Review January, 2011
Superintendent Review May, 2012
Superintendent Review April, 2014
Superintendent Review January, 2016