



CHILDREN'S MEETING HOUSE

Montessori School

927 O'Bannonville Road, Loveland, OH 45140
Phone: 513-683-4757 Fax: 513-697-4191

EMERGENCY MEDICAL AUTHORIZATION

Student Name _____

Address _____

Telephone _____

Purpose: To enable parents to authorize emergency treatment for children who become ill or injured while under school authority, when parents cannot be reached.

Part I or Part II must be completed.

Part I (TO GRANT REQUEST)

If reasonable attempts to contact me at _____ (phone #) or _____ (other parent) at _____ (phone #) have been unsuccessful, I hereby give my consent for:

- (1) the administration of any treatment deemed necessary by Dr. _____ (physician) or Dr. _____ (preferred dentist) or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and
- (2) the transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained before surgery is performed.

Facts concerning the child's medical history:

Allergies: _____ Allergy Action Plan? Yes / No

Medications/dosage being taken: _____

Physical Conditions/Info to which physician should be alerted:

Date _____ Signature of Parent _____

Address _____

(Part I - Continued)

Please Complete the Following:

Name of Physician or Clinic Phone Number

Address Zip

Name of Dentist Phone Number

Address Zip

Please contact/My child may be released to the following if I cannot be reached in an emergency:

1. _____
Name Address

Relationship to Child Phone

2. _____
Name Address

Relationship to Child Phone

3. _____
Name Address

Relationship to Child Phone

DO NOT COMPLETE PART II IF YOU COMPLETED PART I

Part II (REFUSAL TO CONSENT)

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring medical treatment, I wish the school authorities to take no action or to:

Date _____ Signature of Parent _____

Address _____