



**MEDICAL AUTHORIZATION** (Please fill out one for **EACH CHILD**)

\_\_\_\_\_ **OPTION 1:** In the event of illness or injury, I hereby give my permission for my child to be transported by medical ambulance or private vehicle to a nearby medical or dental facility. In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical surgical, or dental diagnosis or treatment and hospital care considered necessary in the best judgement of the attending physician, surgeon, and/or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. I hereby give my permission to any medical or dental facility to take emergency measures as they deem appropriate in the event that I cannot be notified. I realize that, in my absence, every reasonable effort will be given to locating me. However, this authorization will serve as my permission to treat my child.

\_\_\_\_\_ **OPTION 2:** I have attached an advanced medical directive.

\_\_\_\_\_ **OPTION 3:** In the event I cannot be reached, I DO NOT give permission for my child to be transported to or treated by any medical or dental facility. I realize that in the event of illness or injury, emergency medical personnel will be called.

This authorization shall be in effect for one year from the date specified unless I revoke my permission in writing:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Other: \_\_\_\_\_

In the event that you cannot be reached, please list who we should contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Any diseases, illnesses, or special needs: \_\_\_\_\_

Any other information that may be needed in the event of an emergency: \_\_\_\_\_

(Information will only be shared with teachers and emergency personnel should an accident occur.)