



**EMERGENCY MEDICAL AUTHORIZATION  
THE SUMMIT COUNTRY DAY SCHOOL**

(Please use BLACK ink only)

**PURPOSE:** To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority and parents or guardians cannot be reached.

Name of Pupil: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_

**PART I OR II MUST BE COMPLETED**

**PART I – GRANT CONSENT**

In the event reasonable attempts to contact me at home or at work \_\_\_\_\_

( home #)

\_\_\_\_\_ or \_\_\_\_\_ have been unsuccessful. I hereby give

(mother – work # & cell #)

(father – work # & cell #)

my consent for: (1) the administration of any treatment deemed necessary by Dr. \_\_\_\_\_

(name and #)

(preferred physician) or Dr. \_\_\_\_\_ (preferred dentist), or in the event the

(name and # - if no dentist, please state "none")

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.

**Note:** 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.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_\_\_

**PART II – REFUSAL TO CONSENT (DO NOT COMPLETE IF YOU COMPLETED PART I)**

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

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_\_\_