





Policy  
Adopted: May 30, 1996

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Bishop of Harrisburg

Emergency Medical Authorization (Please print)

4109.2(A)

Grade \_\_\_ / Room \_\_\_ P.S. School District \_\_\_\_\_ School Bus #

Student's Name \_\_\_\_\_ S.S. # \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's or Guardian's Name \_\_\_\_\_

Where Employed \_\_\_\_\_ Telephone \_\_\_\_\_ Ext. \_\_\_\_\_

Father's \_\_\_\_\_ or \_\_\_\_\_ Guardian's \_\_\_\_\_ Name \_\_\_\_\_

Where Employed \_\_\_\_\_ Telephone \_\_\_\_\_ Ext. \_\_\_\_\_

IF ABOVE PARENTS/GUARDIANS CANNOT BE REACHED, PLEASE CALL:

(A) First Contact's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Work phone # \_\_\_\_\_ Home phone # \_\_\_\_\_

(B) Second Contact's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Work phone # \_\_\_\_\_ Home phone # \_\_\_\_\_

In case of accident or serious illness, I request the school to contact me or my designate. If this cannot be done, I authorize the school to call the physician or dentist listed on this card and to follow his/her instructions. If the physician or dentist named cannot be reached, the school may seek medical services that seem necessary. I realize the school does not assume responsibility for the payment of medical expenses.

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

Date \_\_\_\_\_

**(OVER)**

In the event emergency treatment is needed, I give the hospital, its authorized personnel and/or physician permission to treat my son/daughter as necessary.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Allergies \_\_\_\_\_

Medical problems \_\_\_\_\_ Taking Medication Yes \_\_\_ No

If yes, Type \_\_\_\_\_ Reason \_\_\_\_\_ (Medication will be administered at school only according to current school policies.)

Physician/clinic \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Hospital Preference \_\_\_\_\_ Phone \_\_\_\_\_

**OR**

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:

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

Date \_\_\_\_\_

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