

**Emergency Medical Authorization
And Field Trip Release for 2017 - 2018**

PURPOSE – To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under the school authority when parents or guardians cannot be reached.
All parts of this form must be completed; if not applicable to your child, please note as such.

Student Name: _____ **DOB:** _____
Address: _____ **Teacher:** _____

Residential Parent/Guardian

Mother: _____ **Father:** _____
Daytime Phone: _____ **Daytime Phone:** _____
Cell Phone: _____ **Cell Phone:** _____

I hereby consent for the following medical care providers and preferred hospital to be called: *complete fully or indicate "no preference"*

Doctor: _____ **Phone:** _____
Address: _____
Dentist/Orthodontist: _____ **Phone:** _____
Address: _____
Medical Specialist: _____ **Phone:** _____
Address: _____
Local Hospital: _____ **Phone:** _____

In the situation where the parent cannot be reached, contact the following relative, friend or neighbor:

Name: _____ **Phone:** _____
Address: _____
Name: _____ **Phone:** _____
Address: _____

Part I —To Grant Consent
(Part I or II must be completed)

In the event reasonable attempts to contact me, _____, at home or work or other parent at home or work have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by previously named physician or dentist of my preference, 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 any hospital reasonably accessible. 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 medical history of _____, including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Signature: _____ Date: _____

Address: _____

Part II —Refusal To Grant Consent
(Do not complete Part II if you have 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 treatment, I wish the school authorities to take no action or to:

Signature: _____ Date: _____

Address: _____

Field Trip Release

My child, _____, has my permission to engage in activities of Hershey Montessori School which takes place off the school premises. I understand that I shall be informed beforehand as to the specifics of these outings (time, place, etc.).

Signature: _____ Date: _____