HERSHEY MONTESSORI SCHOOL

EMERGENCY MEDICAL AUTHORIZATION & FIELD TRIP RELEASE FOR 20 ____ - 20 ____

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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.

HUNTSBURG CAMPUS: 11530 MADISON ROAD • HUNTSBURG, OH 44046 • PHONE: 440.636.6290 • FAX: 440.636.5665 •
EMAIL: RDILL@HERSHEY-MONTESSORI.ORG

Student Name (Last):	**(First):**	
Street		
City	State	Zip
Telephone		
Date of Birth		
Residential Parent or Guardian		
Mother		
Daytime Phone		
Cell Phone		
E-Mail		
Father		
Daytime Phone		
Cell Phone		
E-Mail		

I hereby consent for the following medical care providers and preferred hospital to be called:		
Doctor:		
Phone		
Street		
City	State	Zip
Dentist:		
Phone		
Street		
City	State	Zip
Medical Specialist:		
Phone		
Street		
City	State	Zip
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 1 – 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.

EXPIRES: SEPTEMBER 30, 2018

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

Signature

Address

Date

PART II – REFUSAL TO 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

Address

Date

FIELD TRIP RELEASE

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

Signature