

EMERGENCY AUTHORIZATION FORM

IN CASE OF AN EMERGENCY, I HAVE PROVIDED A CURRENT DAYTIME TELEPHONE NUMBER AND ALSO AN ALTERNATIVE DAYTIME TELEPHONE NUMBER.

Name: _____ Phone: _____

Name: _____ Phone: _____

The teacher (needs, does not need) to be aware of any health concerns regarding my child.

List concerns: _____

My son/daughter (is, is not) presently taking medication. List medication: _____

I understand that if school personnel are unable to reach me or a person whom I have designated, I do hereby authorize them to secure emergency medical treatment as necessary. I agree to pay all expenses incurred by this emergency care.

Signature of Parent/Guardian

Date