

# EMERGENCY MEDICAL FORM - PTA SPONSORED AFTER SCHOOL ACTIVITIES

School Year: \_\_\_\_\_

School: \_\_\_\_\_ Student Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Please list all enrichment classes the student is registered for:

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

## PHONE INFORMATION MUST BE COMPLETED

During this activity, I can be reached at \_\_\_\_\_ or \_\_\_\_\_  
(Phone number) (Cell phone)

OR other parent: \_\_\_\_\_ at \_\_\_\_\_  
(Phone number) (Cell phone)

OR contact person: \_\_\_\_\_ at \_\_\_\_\_  
(Phone number) (Cell phone)

## **Part I OR II Must Be Completed**

### **Part I - To Grant Consent:**

If attempts to reach the above have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by

Dr. \_\_\_\_\_ at \_\_\_\_\_  
(Preferred physician) (Phone number)

OR Dr. \_\_\_\_\_ at \_\_\_\_\_, and  
(Preferred dentist) (Phone number)

(2) the transfer of the child to \_\_\_\_\_ or any hospital reasonably accessible.  
(Preferred hospital)

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 before the surgery is performed.

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: \_\_\_\_\_ Date: \_\_\_\_\_

## **DO NOT COMPLETE PART II IF YOU HAVE COMPLETED PART I**

### **Part II. Refusal to Consent**

I do NOT give my consent for emergency medical treatment of my child.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**If any information changes, parents are responsible to update this information!**