New Lexington City Schools

EMERGENCY MEDICAL AUTHORIZATION

In case of an emergency, the school staff will contact 911. Every attempt will be made to contact a parent/guardian, or a listed emergency contact.

Last:	First:	Middle:
Date of Birth:	Gender: ☐ M ☐ F	Building: ☐ HS ☐ MS ☐ NLE ☐ JCE

Family resides: ☐ with another family, ☐ in a shelter, ☐ in a motel car or campsite ☐ none of these

Check any current health condition that may require attention during the school day:

☐ Foods ☐ Asthma ☐ Cancer
☐ Diabetes ☐ Seizures ☐ Hearing problems / Hearing aid(s)
☐ Medicines (be specific): _____ ☐ Bee sting or insect bite: _____
☐ Heart problems (be specific): _____ ☐ Physical disability (be specific): _____
☐ Respiratory (be specific): _____ ☐ Vision problems (be specific): _____
_____ glasses _____contacts
☐ Other (be specific): _____ ☐ Allergic Reaction to: _____

List all medications and dosages your child receives on a continual basis:

CONTACT INFORMATION

Student resides with, mark all that apply: ☐ Father ☐ Mother ☐ Step-Parent ☐ Guardian ☐ _____

Any parent with whom the child resides has the right to make decisions concerning the child in the event of an emergency and to pick up the child from school, unless a court order or other legal document states otherwise. It is your responsibility to provide a copy of that document to your child's school.

☐ Father ☐ Guardian Last Name:	First Name:	Middle Int:
Address:		
Home Phone:	Work Phone:	Cell Phone:
Email:		
☐ Mother ☐ Guardian Last Name:	First Name:	Middle Int:
Address: ☐ same		
Home Phone: ☐ same	Work Phone:	Cell Phone:
Email:		

Please list three persons we may call if the parent(s) or guardian cannot be reached who have your permission to make decisions concerning your child in the event of an emergency. We will assume these persons may also pick up your child from school.

Name of Person	Relationship	Home Phone	Cell Phone

PHYSICIAN / DENTIST INFORMATION

My child's medical care is provided by:	Telephone:	☐ any available
My child's dental care is provided by:	Telephone:	☐ any available

Sign Either The Consent or The Refusal, but NOT BOTH!! **Sign Either The Consent or The Refusal, but NOT BOTH!!**

Consent

The school **DOES HAVE** *my permission, in case of an emergency when I cannot be contacted, to take my child to the emergency room or the nearest hospital, and the hospital and its medical staff have my authorization to provide treatment that a physician deems necessary for the well-being of my child.*

Parent or Guardian Signature: _____ Date: _____

Consent

Refusal

The school **DOES NOT HAVE** *my permission, in case of an emergency when I cannot be contacted, to take my child to the emergency room or the nearest hospital.* ***The school should follow the instructions I have listed on the back side of this sheet.***

Parent or Guardian Signature: _____ Date: _____

Refusal

Sign Either The Consent or The Refusal, but NOT BOTH!! **Sign Either The Consent or The Refusal, but NOT BOTH!!**