

**Shelby City Schools
Emergency Medical Form**

Main Bus No. _____
(if applicable)

This form MUST be filled out to enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Student's Name: _____ Birthdate: _____
Address: _____ Telephone: _____
School Attending: _____ Grade: _____ Cell Phone: _____

Residential Parent or Guardian

Mother's Name: _____ Daytime Phone: _____
Father's Name: _____ Daytime Phone: _____
Other's Name: _____ Daytime Phone: _____
Name of Relative or Child-care Provider: _____
Relationship: _____
Address: _____ Daytime Phone: _____

Note: The medical information you provide regarding your child will be shared with appropriate school staff.

Facts concerning the child's medical history including allergies and any physical impairments to which a physician should be alerted: _____

Medications taking daily: _____

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Please check ONE of the two statements below.

In the event reasonable attempts to contact me have been unsuccessful,

_____ **I HEREBY GIVE CONSENT** for the following medical care providers to be called:

Doctor: _____	Phone: _____
Dentist: _____	Phone: _____
Medical Specialist: _____	Phone: _____
Hospital: _____	Emergency Room Phone: _____
Insurance Co.: _____	Date of last Tetanus Shot: _____

I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctor, 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 there is a necessity for such surgery, are obtained prior to the performance of such surgery.

_____ **I DO NOT GIVE 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 the following actions: _____

I give consent to exchange and/or release medical information with the appropriate medical personnel and school personnel.