

Challenger Learning Center of Lake Erie West Emergency Medical Form

Student Name _____ Home Phone _____

Address _____ City, State, Zip _____

Date of Birth _____ Sex _____ Camp Year _____

Residential Parent or Guardian: Child lives with (check one): Both parents Father Mother Guardian

Father's Name: _____ Daytime Phone: _____

Father employer _____

Mother's Name: _____ Daytime Phone: _____

Mother's employer _____

Guardian's Name: _____ Daytime Phone: _____

Guardian's employer _____

Name of Relative (in case above cannot be reached):

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Medical Specialist: _____ Phone: _____

Hospital: _____ Phone: _____



The purpose of the following form is to enable parents and guardians to authorize the provision of emergency treatment for children who became ill or injured while under school authority, when parents or guardians **cannot** be reached.

Part I or II must be completed

Part I – To Grant Consent

I hereby give my consent, in the event reasonable attempts to contact either parent or guardian have been unsuccessful, for (1) the administration of any treatment deemed necessary by my preferred doctor or dentist; or in the event the designated preferred doctor or dentist may not be available, by another licensed doctor or dentists; and (2) the transfer of the child to my preferred hospital or any hospital reasonable 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.

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

Allergies: _____ Diabetic? Yes No

Signature of Parent/Guardian _____
Date

Part II – Refusal of Consent (Do not complete this portion if Part I was completed)

I do not give my consent for emergency medical treatment of my child. In event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Signature of Parent/Guardian _____
Date