River Valley Local School District
Revised Emergency Medical Authorization Form
Mandated by House Bill 639

Student Name _____ Grade_____
Student Address_____ City_____ Zip_____
Student Telephone _____ (Area Code _____) School_____

Purpose- 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.

Residential Parent or Guardian:

Mother's name_____ Daytime Phone_____
Father's name_____ Daytime Phone_____
Other's names _____ Daytime Phone_____
Name of Relative or Child Care Provider_____
Relationship _____ Address_____
Area Code _____ Telephone_____

Part I or II Must be completed
Part I – To Grant Consent

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor_____ Phone_____
Dentist_____ Phone_____
Medical Specialist_____ Phone_____
Local Hospital_____ Emergency Rm. Phone_____

In the event reasonable attempts to contact me have been unsuccessful, 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 physician 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 a physician should be alerted:

_____

_____

_____

_____

Date_____ Signature of Parent/Guardian_____
Address_____

Part II – Refusal of Consent

I do not give my 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 action:

_____

_____

_____

Date_____ Signature of Parent/Guardian_____
Address_____