

BRIGHT LOCAL SCHOOLS EMERGENCY MEDICAL FORM

Student Name _____	Home Room Teacher _____
Address: _____	Grade _____
Mailing Address (if different from above): _____	Bus Driver _____
City: _____ State _____ Zip _____	Bus Number _____
Home Phone Number _____ Date of Birth _____	Names and grades of school age siblings.
Parent Email Address _____	_____
Student Cell Phone _____	_____

In the event of illness or injury of the above named child, the following people may be contacted to arrange for care or authorize emergency treatment. (Include cell phone numbers. Notify the school if any of this information changes.)

Mother

Name: _____ Daytime phone: _____

Address: _____

Father

Name: _____ Daytime Phone: _____

Address: _____

Babysitter or Childcare Provider:

Name: _____ Daytime Phone: _____

Address: _____

Other Authorized Friend or Relative:

Name: _____ Daytime Phone: _____

Address: _____

Part I: To Grant Consent

In the event that reasonable attempts to contact me have been unsuccessful, I hereby grant my consent for 1) the following medical personnel or facilities to administer treatment deemed necessary by the named persons, or in the event that the preferred individual is not available or the designated facility is not readily accessible, permission to treat is extended to other licensed physicians, dentists, or medical care facilities; and 2) the transport of the child to any hospital reasonably accessible. The authorization does not extend to major surgery, unless the medical opinions of two licensed physicians or dentists concur, prior to such surgery, that the surgery is both necessary and urgent.

Doctor: _____ Phone _____

Dentist: _____ Phone _____

Medical Specialist: _____ Phone _____

Hospital: _____ E.R. Phone _____

Medications, Medical Conditions, Allergies, or other Pertinent Medical Information:

Part II: ONLY TO REFUSE CONSENT

I DO NOT give permission for medical treatment. In the event of a serious injury or illness requiring emergency treatment, please do the following: _____

Parent Signature _____ Date _____