



Addison Community Schools



Emergency Medical Authorization Form

Whenever my child is involved in a school activity and I am unavailable or otherwise unable to provide authorization directly, I grant to the school principal or his/her designee the authority to act for me and to provide any required consent and authorization for the delivery of emergency medical care, diagnoses, and treatment, including surgical intervention, if necessary, on behalf of my minor child listed below and to do all other necessary things as I might or could do to provide for the child's health and safety, if I were present.

This authorization is valid for the current school year or until I withdraw the authorization.

(Signature of Parent/Guardian)

Date: _____

Child's Name: _____

School: _____

Teacher: _____ Grade: _____

Birthdate: _____ Sex: _____

Parent/Guardian Name: _____

Home Address: _____

Telephone: _____

Emergency Contact: _____

Telephone: _____

Doctor: _____ Telephone: _____

Dentist: _____ Telephone: _____

Hospital Preference: _____

Medical Information

Allergies: _____

Current Medications or Treatments: _____

Other: _____