

**EMERGENCY MEDICAL AUTHORIZATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby give my permission to the school to call for

 (Name or Parent or Guardian- please print)

emergency medical services or a doctor for medical or surgical care, should an emergency arise involving my child,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. **Medical insurance policy is with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ company, and my policy # is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.** It is understood that a conscientious effort will be made to locate me or my spouse, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ before any action is taken. If it is not possible to locate us,

(Spouse’s Name-please print)

emergency expenses incurred will be accepted by us.

\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date) (Signature of Parent or Guardian)

\*\*\***PLEASE ATTACH A XEROX COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD TO THIS AUTHORIZATION.**