

School FIRST AID and EMERGENCY MEDICAL CARE Authorization Card
2010/2011

Student's Name _____ Grade _____ Date of Birth _____

Medical/Physician Information

Physician's Name _____ Phone # _____

Dentist's Name _____ Phone # _____

Note: If your child is transported by ambulance, he/she will be taken to the nearest emergency room.

Insurance Coverage Yes ___ No ___

Name of Insurance Company _____

- Private Insurance: Yes ___ No ___ Policy # _____
CHP: Yes ___ No ___ CHP # _____
Medicaid Coverage: Yes ___ No ___ Medicaid # _____

(ABOVE INFORMATION MUST BE FILLED OUT COMPLETELY INCLUDING POLICY NUMBERS IF IN SPORTS!)

Minor injury

I understand that in the case of minor injury school district personnel shall administer first aid and send my child back to class.

Serious injury (but not threatening to life, limb or digit)

In the event my child is in pain or requires medical treatment beyond first aid for a serious, but not life/limb or digit threatening, injury, I understand the school district will attempt to contact me (or any of the persons I have listed below) so that I can obtain medical treatment for my child.

Severe injury (threatening to life, limb or digit)

In the event my child suffers a severe injury or illness requiring immediate medical attention, I understand that school district personnel will call 911 to notify emergency health personnel. School personnel will then attempt to contact me (or any of the persons I have listed below) so that I may proceed to the nearest hospital. (as determined by appropriate school district personnel)

I hereby authorize, consent to, and agree to be responsible for any costs associated with the transportation of my child, including ambulance service, and any medical tests, procedures and/or treatment performed on my child as deemed necessary by a medical health professional.

Contact Information in Case of an Emergency:

Parent/Guardian _____ Home Phone # _____
Work # _____ Cell # _____

Parent/guardian _____ Home Phone # _____
Work # _____ Cell # _____

We will contact the following person(s) if we are unable to get a hold of the parent/guardian(s) listed above in an emergency. These contacts will also be allowed to check out the student at any time.

Other contact _____ Phone #. _____ Relationship to child _____
Other contact _____ Phone #. _____ Relationship to child _____

Is there anyone on campus (family/friends) that we can contact in case of an emergency:

I understand that school district personnel cannot be held liable for any good faith effort to provide emergency care or assistance to my child.

Parent/guardian signature _____ Date _____

***Important: Please update your school immediately if any of the above information changes.**