The Amherst Schools
Student Information

Student's Name: _____ _____
(Last) (First)

Date of Birth: _____ Grade: _____ Phone: _____

Mailing Address: _____ / _____ / _____
(Street Address) (City) (Zip)

Lives With: Father ☐ Mother ☐ Both ☐ Guardian ☐ Grandparent ☐

Father's Name _____ Occupation: _____
(First & Last)

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Mother's Name _____ Occupation: _____
(First & Last)

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Medical Authorization

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.

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: _____

Local Hospital: _____

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 designated preferred practitioner is not available, by another licensed physician or dentist: and (2) the transfer of the student to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery

Facts concerning the student's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

_____

Date: _____ Signature of Parent/Guardian: _____

Part II (Refusal to Grant Consent)

I **DO NOT** Give Consent for emergency medical treatment of my student. In the event of illness or injury requiring emergency treatment, I wish to school authorities to take the following action.

Course of Action **MUST BE STATED**:

Date: _____ Signature of Parent/Guardian: _____