DriveSmart Powered by MCESC

EMERGENCY
MEDICAL AUTHORIZATION
PART I - TO GRANT CONSENT

_____
Please print neatly.

_____ _____ _____
First Name Middle Initial Last Name

_____
Student's Address

Date of Birth		School District/Attend	
Permit #/DL NO		Home Phone Number	
Permit Date		Student Cell Number	

RESIDENTIAL PARENT or GUARDIAN

Mother _____ Home Phone _____ Cell _____

Father _____ Home Phone _____ Cell _____

CONSENT SECTION
In the event reasonable attempts to contact the above persons have been unsuccessful, I hereby give my consent for the following medical care providers and local hospital to be called:

Doctor _____ Phone _____

Hospital _____ Phone _____

EMERGENCY SURGERY
This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained BEFORE THE SURGERY IS PERFORMED SPECIAL MEDICAL HISTORY. Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

_____

_____

_____ _____
Date Signature of Parent or Guardian