

# New Lexington Schools

## EMERGENCY MEDICAL AUTHORIZATION

In case of an emergency, the school staff will contact 911. Every attempt will be made to contact a parent/guardian, or a listed emergency contact.

Student's Last:	Student's First:	Student's Middle:
Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Building: <input type="checkbox"/> HS <input type="checkbox"/> MS <input type="checkbox"/> NLE <input type="checkbox"/> JCE
Because of loss of housing or economic hardship, my family resides: <input type="checkbox"/> with another family, or <input type="checkbox"/> in a shelter, or <input type="checkbox"/> in a motel, car or campsite, or <input type="checkbox"/> none of these		

Check any current health condition that may require attention during the school day:

<input type="checkbox"/> Foods	<input type="checkbox"/> Asthma	<input type="checkbox"/> Cancer
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizures	<input type="checkbox"/> Hearing problems / Hearing aid(s)
<input type="checkbox"/> Medicines (be specific): _____	<input type="checkbox"/> Bee sting or insect bite: _____	
<input type="checkbox"/> Heart problems (be specific): _____	<input type="checkbox"/> Physical disability (be specific): _____	
<input type="checkbox"/> Respiratory (be specific): _____	<input type="checkbox"/> Vision problems (be specific): _____ _____glasses _____contacts	
<input type="checkbox"/> Other (be specific): _____	<input type="checkbox"/> Allergic Reaction to: _____	

List all medications and dosages your child receives on a continual basis:

### CONTACT INFORMATION

Student resides with, mark all that apply:  Father  Mother  Step-Parent  Guardian  \_\_\_\_\_

Any parent with whom the child resides has the right to make decisions concerning the child in the event of an emergency and to pick up the child from school, unless a court order or other legal document states otherwise. It is your responsibility to provide a copy of that document to your child's school.

<input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Step Father	Last Name:	First Name:	Middle Int:
Address:			
Home Phone:	Work Phone:	Cell Phone:	
Email:			
<input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Step Mother	Last Name:	First Name:	Middle Int:
Address: <input type="checkbox"/> same as Father's			
Home Phone: <input type="checkbox"/> same	Work Phone:	Cell Phone:	
Email:			

Please list three persons we may call if the parent(s) or guardian cannot be reached who have your permission to make decisions concerning your child in the event of an emergency. We will assume these persons may also pick up your child from school.

Name of Person	Relationship to Student	Home Phone	Cell Phone

### PHYSICIAN / DENTIST INFORMATION

My child's medical care is provided by:	Telephone:	<input type="checkbox"/> any available
My child's dental care is provided by:	Telephone:	<input type="checkbox"/> any available

**Sign Either The Consent or The Refusal, but NOT BOTH!!**      **Sign Either The Consent or The Refusal, but NOT BOTH!!**

*The school **DOES HAVE** my permission, in case of an emergency when I cannot be contacted, to take my child to the emergency room or the nearest hospital, and the hospital and its medical staff have my authorization to provide treatment that a physician deems necessary for the well-being of my child.*

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The school **DOES NOT HAVE** my permission, in case of an emergency when I cannot be contacted, to take my child to the emergency room or the nearest hospital. **The school should follow the instructions I have listed on the back side of this sheet.***

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Sign Either The Consent or The Refusal, but NOT BOTH!!**      **Sign Either The Consent or The Refusal, but NOT BOTH!!**

Consent

Refusal

Consent

Refusal