

Northview Choirs Medical Form

Last Name:	First Name:	Middle Initial:
Grade:	Homeroom:	† Email:
Address:	Home Phone:	Unlisted:
City/State/Zip:	Birthdate:	YOG:
Parent 1 Name:	Daytime Phone:	Cell Phone:
Parent 2 Name:	Evening Phone:	† Email:
	Daytime Phone:	Cell Phone:
	Evening Phone:	† Email:
Living with Father/Mother/Both/Guardian (Circle One)	<u>Sibling Names</u>	<u>School Attending</u>
Parent 1 Employer:	Phone:	
Parent 2 Employer:	Phone:	
Child's Doctor Name:	Phone:	
Preferred Hospital:	Phone:	
People to Contact in an Emergency:		
Name:	Phone:	Name: Phone:
Name:	Phone:	Name: Phone:
Emergency Health information: (i.e. allergies, medication, health conditions, bee stings, etc.)		

Sylvania City Schools Emergency Medical Authorization

The purpose of the following form is to enable parents and/or guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority when parents and/or guardians *cannot* be reached.

EITHER PART I OR PART II MUST BE COMPLETED

PART I

I hereby consent, in the event reasonable attempts to contact either parent or guardian have been unsuccessful, for (1) the administration of any treatment deemed necessary by my preferred doctor or dentist, or in the event of the designated preferred doctor or dentist is not available, by another licensed doctor or dentist; and (2) the transfer of the child to my preferred hospital or any hospital is reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed doctors or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

DATE _____ X _____ (Signature of Parent/Guardian)

PART II (Do not complete if you have already filled out PART I)

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to TAKE NO ACTION.

DATE _____ X _____ (Signature of Parent/Guardian)

† The contents of this form will not be disclosed to any persons other than the director and accompanist. Email addresses will be used for communication with students and parents regarding concerts, grades, itineraries, and other choral events. All email addresses will be hidden in mass-emails.