

A+ Arts Academy Emergency Medical Authorization Form

Note: This form is used by A+ Arts staff when your student is taken on field trips.

Student's Name: _____ Re/Enrollment Date: _____

Primary Family Emergency Contact Information:

Parent/Guardian 1 Name: _____
Relation: _____
Home Phone Number: _____
Cell Phone Number: _____
Work Phone Number: _____ Extension: _____

Parent/Guardian 2 Name: _____
Relation: _____
Home Phone Number: _____
Cell Phone Number: _____
Work Phone Number: _____ Extension: _____

Other Emergency Contact Information:

Contact 1 Name: _____
Relation: _____
Home Phone Number: _____
Cell Phone Number: _____
Work Phone Number: _____ Extension: _____

Contact 2 Name: _____
Relation: _____
Home Phone Number: _____
Cell Phone Number: _____
Work Phone Number: _____ Extension: _____

Medical Provider Contact Information:

Physician Name: _____
Office Phone Number: _____ Extension: _____
Alternate Phone Number: _____

Dentist Name: _____
Office Phone Number: _____ Extension: _____
Alternate Phone Number: _____

Specialist Name: _____
Office Phone Number: _____ Extension: _____
Alternate Phone Number: _____

Hospital/Clinic Name: _____
Office Phone Number: _____ Extension: _____
Alternate Phone Number: _____

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Option 1 – AGREEMENT TO CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Physician:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	See contact information above
Dentist:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	See contact information above
Specialist:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	See contact information above
Clinic/Facility:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	See contact information above

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 doctors or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) transfer of the child to any hospital reasonably accessible.

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

Authorization Signature of Parent/Guardian: _____

Date: _____

OPTION 2 – REFUSAL TO CONSENT

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring treatment, I wish the school authorities to take the following action:

Un-authorization Signature of Parent/Guardian: _____

Date: _____

Non-Discriminatory Policy: No one shall be denied admission to A+ Arts Academy because of race, religion, color, or national origin.