

# ANTWERP LOCAL SCHOOL EMERGENCY FORM

SCHOOL DISTRICT \_\_\_\_\_  
BUILDING \_\_\_\_\_  
HOMEROOM \_\_\_\_\_

STUDENT NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
TELEPHONE \_\_\_\_\_

Purpose: To enable parents and guardians to authorize the provisions 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

In the event reasonable attempts to contact me at the numbers listed below have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment due necessary by the physician or dentist, listed below or, in the event, the designated preferred practitioner is not available, by another licensed physician or dentist; or (2) the transfer of the child to the hospital listed below or any hospital reasonable 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 child's medial history including allergies, medications being taken, or any physical impairments to which a physician should be alerted are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Home Phone \_\_\_\_\_  
Father's Daytime Phone \_\_\_\_\_  
Mother's Daytime Phone \_\_\_\_\_  
Guardian's Daytime Phone \_\_\_\_\_  
Emergency Contact Person \_\_\_\_\_  
Preferred Physician Dr. \_\_\_\_\_  
Preferred Dentist Dr. \_\_\_\_\_  
Preferred Hospital \_\_\_\_\_

Place \_\_\_\_\_  
Place \_\_\_\_\_  
Place \_\_\_\_\_  
Phone \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## DO NOT COMPLETE PART II IF YOU COMPLETED PART I

### Part II Refusal to Consent

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 the following action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_  
Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_

## WAIVER OF CHILD ACCIDENT INSURANCE FOR ATHLETES

I authorize my child to participate in the extra-curricular athletic program of the Antwerp School, but do not wish to enroll him/her under the School Accident Plan. In so doing, I waive the rights to financial assistance for medical or hospitalization expense from the Antwerp District for injuries incurred by my child while participating in the athletic program. I assume the payment of any and all expenses for treatment of such injuries. I will also report any treatment or injuries to the school IMMEDIATELY.

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Employer \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Date \_\_\_\_\_

I understand that no student may participate unless covered by insurance.

I acknowledge that my son/daughter \_\_\_\_\_ has my permission to participate in the Antwerp Athletic program this year.

I also release the school from any unforeseen accidents that may occur during his/her participation in the above activity.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date