

**EMERGENCY MEDICAL RELEASE
BLOOMFIELD – MESPO LOCAL SCHOOLS**

PLEASE PRINT OR TYPE.

STUDENT _____ (Office Use Only) Student ID _____

SOCIAL SECURITY NUMBER _____ AGE _____ BIRTHDATE _____ GRADE _____

LOCATION ADDRESS _____ CITY _____

MAILING ADDRESS _____

HOME PHONE(S) _____ PARENT EMAIL _____

PARENT/GUARDIAN WORK PLACE _____ PHONE _____

PARENT/GUARDIAN WORK PLACE _____ PHONE _____

EMERGENCY CONTACTS: 2 PHONE NUMBERS WHERE YOU OR AN ALTERNATE PERSON CAN BE REACHED IN AN EMERGENCY ARE REQUIRED ON THIS FORM.

I HEREBY GIVE CONSENT FOR THE FOLLOWING TO BE CALLED AND/OR MY CHILD TO BE RELEASED TO THEM IN AN EMERGENCY:

NAME	RELATIONSHIP	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

DOCTOR _____ PHONE _____

HOSPITAL _____ PHONE _____

DENTIST _____ PHONE _____

PLEASE COMPLETE BELOW AND SIGN PART 1 OR PART 2.

PART 1: GRANTING OF PERMISSION

In the event that reasonable attempts to contact us at the above numbers have been *unsuccessful*, I GIVE MY CONSENT FOR:

- 1.) the administration of any treatment deemed necessary by the named doctor or dentist, or in the event the designated practitioner is not available, by another licensed physician or dentist, and
- 2.) the transfer of the child to the named preferred hospital or a hospital reasonably accessible. This authorization does NOT cover major surgery unless prior to the performance of such surgery, the medical opinion of two other licensed physicians or dentists concur in the necessity of such surgery.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PART 2: REFUSAL OF PERMISSION (Do not sign below if you signed PART 1.)

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

PARENT/GUARDIAN SIGNATURE _____ DATE _____

*** PLEASE COMPLETE REVERSE SIDE ***

MEDICAL HISTORY and PRESENT MEDICAL CONDITIONS

NAME _____ SOCIAL SECURITY NUMBER _____

ADDRESS _____ TELEPHONE NUMBER _____

DATE OF BIRTH _____

INSURANCE PROVIDER _____

POLICY NUMBER _____

List below any facts concerning your child's medical history, including allergies, medications being taken and any physical impairment to which the school and the physician should be alerted:

Please check any and all conditions or diseases your child now has or have had in the past.

- | | |
|--|--|
| <input type="checkbox"/> Heart attack | <input type="checkbox"/> Ankle problems |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Foot problems |
| <input type="checkbox"/> Chest discomfort | <input type="checkbox"/> Back problems |
| <input type="checkbox"/> Irregular heart beats | <input type="checkbox"/> Shoulder problems |
| <input type="checkbox"/> Heart murmur | <input type="checkbox"/> Neck problems |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Broken bones – List below |
| <input type="checkbox"/> Low blood pressure | <input type="checkbox"/> Head injury |
| <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Migraine or recurrent headaches |
| <input type="checkbox"/> Blood clot | <input type="checkbox"/> Unusual shortness of breath |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Chronic recurrent cough |
| <input type="checkbox"/> Emotional disorders | <input type="checkbox"/> Stomach or intestinal problems |
| <input type="checkbox"/> Hernia | |

IF YOU HAVE CHECKED ANY OF THE ABOVE, PLEASE EXPLAIN:

- Please list any prescribed medications your child is taking.
- Please list any over-the-counter medications or dietary supplements your child is taking.
- Please list any hospitalizations or surgical procedures within the past 2 years.
- Please list any drug allergies.
- Have you ever been told that a member of your family died suddenly or had a heart attack at a young age?
- Has your child ever had heat exhaustion or heat stroke? If yes, explain.
- Has your child's weight changed in the last three months? If yes, explain.