



MEDICAL EMERGENCY FORM

To be used for trips overnight, in or out of state and/or country. Parent to complete and sign form and return to sponsor or building administrator prior to trip. This form MUST accompany sponsor on trip.

I / we, \_\_\_\_\_, being the parent/legal guardian of \_\_\_\_\_, give my consent for emergency medical and surgical treatment in a licensed hospital by a licensed physician, should his/her condition require this treatment in my absence. I/we understand that, in such case, reasonable attempts will be made to contact me/us, time and conditions permitting.

As long as the medical or surgical treatment considered necessary in the situation is in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved, I/we impose no specific prohibitions regarding treatment unless stated here (if none, so state):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My daughter/son has the following medical condition(s) which may require emergency care:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The School District and its personnel cannot dispense medication without written direction from the child's (student's) physician stating the child's name, the name of the medication, the dosage and the period for which the medication is prescribed. (Forms 620-402 or form 620-402-S, and 620-435 for self-carry / care must be provided to the District RN)

My daughter/son requires the following medication(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This authorization is for the time period beginning \_\_\_\_\_ and ending \_\_\_\_\_

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

\_\_\_\_\_  
Date