Rittman Exempted Village School District

EMERGENCY MEDICAL AUTHORIZATION

Student's Legal Name Home Address		
_		Phone ()
•	///	
RESIDENTIAL PARENT/GU. (The purpose of this information	ARDIAN INFORMATION is to enable parents and gu	
Mother		Daytime Phone ()
Father		
Relative / Childcare Provider		Relationship
Address		Phone ()
Other Contact		
Doctor		Phone ()
Dentist		
Medical Specialist		Phone ()
Local Hospital		
administration of any treatment of preferred practitioner is not avail reasonably accessible. This authorization does not cover necessity for such surgery, are of	to contact me or the other placemed necessary by the list lable, by a licensed physician remajor surgery unless the btained prior to the performatical history including aller	rgies, medications being taken, and any physical impairments to which a physicia
Date		Signature of Parent or Guardian
	REFUSA	SAL TO GRANT CONSENT
I DO NOT give my consent for ewish the school authorities to take		ent of my child. In the event of illness or injury requiring emergency treatment, I
Date		Signature of Parent or Guardian