

Unified School District #227
Jetmore, KS 67854

AUTHORIZATION FOR EMERGENCY TREATMENT OF A MINOR

In the event of an emergency, and I am not able to be contacted, I the undersigned parent(s) of:

_____, grade _____; _____, grade _____;
_____, grade _____; _____, grade _____;
_____, grade _____; _____, grade _____;

minor(s) do hereby authorize the U.S.D. #227 of Jetmore, Kansas, to act as agent for the undersigned to give consent for any and/or all necessary emergency medical treatment and hospital care which is deemed advisable by, and to be rendered under the general or special supervision of:

Dr. _____, of _____

In his/her absence the above minor will be transferred to Hodgeman County Health Center for emergency treatment and care under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the medical staff or said hospital. Students injured during athletic events or activity trips shall be transported to the nearest medical facility.

This authorization shall remain effective through May, _____, unless sooner revoked in writing delivered to said agent.

DATED: _____ **PARENTS SIGNATURE:** _____

*Witnesses needed for **Legal Guardian Only***

DATED: _____ **LEGAL GUARDIAN SIGNATURE:** _____

WITNESS: _____ **WITNESS:** _____

EMERGENCY PHONE NUMBERS: _____

Do you have health insurance? _____

Policy Name and Number: _____

Do you receive medical assistance? _____ I.D. # _____

MEDICAL INFORMATION ON CHILD:

Drug Allergies: _____ Last Tetanus Toxoid: _____

Any penicillin reaction? _____ Or seizures? _____

Is child under medication for seizures? _____

Is child asthmatic? _____ Any known food allergies? _____