

The Summit Country Day School
EMERGENCY AND MEDICAL AUTHORIZATION FORM 2011-2012

School: Lower Middle Upper Student Name: _____
Grade Entering: _____ Address: _____
Date of Birth: ____/____/____ Home Telephone: _____
Sex: ____Male ____Female Student's Cell Phone Number: _____

Purpose~ to enable parents and guardians to authorize the provision of emergency & medical treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

This authorization grants permission to The Summit nurses and licensed athletic trainer(s) to treat and care for my child's illnesses and injuries (preventative, acute, and chronic) and transport my child to the hospital if necessary.

Residential Parent or Guardian:

Mother's Name _____ Work: _____ Cell: _____
Father's Name _____ Work: _____ Cell: _____
Other: _____ Relationship: _____ Phone Number: _____

I hereby give consent for the following medical care providers to be contacted and administer any treatment deemed necessary:

Physician: _____ Phone _____
Dentist: _____ Phone _____
Medical Specialist: _____ Phone _____
Preferred Hospital: _____

Please list any facts concerning the child's medical history, including allergies (food, drug, seasonal or environmental), medications being taken (prescription and over the counter), and any physical impairments to which a physician or The Summit staff should be alerted: (using back if necessary) _____

Health Insurance Provider: _____ Policy #: _____

By placing a check mark next to the following medications, you are authorizing The Summit nurses or athletic trainer to administer these if needed:

- | | | |
|---|---|---|
| <input type="checkbox"/> Ibuprofen (Motrin/Advil) | <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Benadryl |
| <input type="checkbox"/> Tums | <input type="checkbox"/> Antibiotic Ointment (Polysporin/Neosporin) | <input type="checkbox"/> Anti-Itch (Caladryl) |

Parent/Guardian _____ **Date** _____

**THIS FORM MUST BE SUBMITTED NO LATER THAN THE FIRST DAY OF PRACTICE
FOR ATHLETICS AND FIRST DAY OF SCHOOL FOR ALL OTHER PURPOSES.**