TREE OF LIFE CHRISTIAN SCHOOLS EMERGENCY MEDICAL AUTHORIZATION

STUDENT NAME _____ GRADE _____
LAST FIRST

PURPOSE: To enable parents and guardians to authorize the emergency treatment for children who become ill or injured while under school authority when parents or guardians cannot be reached. This form accompanies Tree of Life groups on all off-site events. **NOTE: The emergency contacts are also the people who have permission to pick up a child from school if you are not available in the event of illness.**

STUDENT EMERGENCY INFORMATION

Address _____ City _____ Zip _____

Parent/Guardian_____ Cell _____ H _____ W _____

Parent/Guardian _____ Cell _____ H _____ W_____

Emergency Contact 1 _____ Relationship _____ Phone _____

Emergency Contact 2 _____ Relationship _____ Phone _____

Physician _____ Phone _____

Dentist _____ Phone _____

Preferred Hospital _____

Facts concerning the child's medical history:

Allergies _____

Medications currently taking _____

Physical Impairments _____

Other _____

_____ **If possible, please help us enter this information on RenWeb by completing the STUDENT DEMOGRAPHIC FORM ON RENWEB. (See School Information/ Web Forms/ Family Demographic Form / Enrolled Student Information)**

PART 1 (To grant consent)

In the event that reasonable attempts to contact me or the emergency contact at phone numbers listed below have been unsuccessful, I/we hereby give my consent for the administration of any treatment that is deemed necessary by the preferred physician or dentist or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to call paramedics immediately and then contact me/us as soon as possible thereafter. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

_____ _____
Date Signature of Parent or Guardian

PART 2 (Refusal to consent) DO NOT COMPLETE IF YOU COMPLETED PART 1

I do NOT give my/our consent for emergency medical treatment of my/our child. In the event of illness or injury requiring medical treatment, I wish school authorities to take no action or to:

_____ _____
Date Signature of Parent or Guardian

This form will be on file at the school office for the current school year. An additional Permission to Participate form will be sent home prior to off-campus trips. I/we agree to hold harmless Tree of Life Christian Schools, its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my/our child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.