

FIRST UNITED METHODIST SCHOOL
EMERGENCY MEDICAL RELEASE FORM
2017 – 2018 Form Must Accompany Child to Hospital

Child's Name _____ DOB _____ SS# _____

Address: Street _____ City _____ Zip _____

Mother's Name _____ Daytime Phone # _____

Father's Name _____ Daytime Phone # _____

I hereby grant permission for FIRST UNITED METHODIST staff to take whatever steps necessary to obtain emergency medical care, if warranted. These steps will include, but are not limited to, the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician, if listed below.
3. Attempt to contact parent or guardian through any of the persons listed in the emergency information below.
4. If unable to contact parent, guardian, or child's physician, the school will do any or all of the following: (a) call another physician or paramedics, (b) call an ambulance, (c) have the child taken to an emergency hospital/clinic in the company of a staff member.

Any expense incurred under the above will be borne by the child's family. The church, school, and child care center **are not** to be responsible for anything that may occur as a result of false medical or personal information.

In case of emergency, persons to contact in the event that the school is unable to reach a parent or guardian:

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Phone</u>

Physician to contact in case of emergency:

<u>Name</u>	<u>Address</u>	<u>Phone</u>

MAY THE SCHOOL CALL ANOTHER PHYSICIAN IF UNABLE TO CONTACT THE ABOVE? YES ____ NO ____

Does your child have health insurance? Yes ____ No ____ If yes:
Policy Name _____ Policy # _____ Phone # _____

Has your child been diagnosed with asthma? yes ____ no ____
Any known allergies yes ____ no ____ If yes, explain _____
Any daily administered medications: _____
Has your child been diagnosed or tested for ADD, ADHD, or Learning Disabilities? yes ____ no ____ If yes, is he/she on any type of medication? _____
Special Health Conditions ____ yes ____ no ____ If yes, explain _____

TO WHOM IT MAY CONCERN:

I hereby give my consent to (name of hospital) _____ to administer treatment of my child, _____, in the event of any emergency at which time I cannot be reached. I give consent to transport by ambulance or private car if the situation warrants.

Parent's signature _____

Subscribed and sworn to before me at _____, Florida on this ____ day of _____, 2017/2018. _____ (Notary Signature)