



HERITAGE CHRISTIAN SCHOOL

2107 6th St. SW, Canton, OH 44706
Phone 330.452.8271/ Fax 330.452.0672

EMERGENCY MEDICAL AUTHORIZATION

Student Name		Date of Birth		Grade	
Home Address		City		State	Zip Code
Home Phone					
¹ Parent/Guardian Name		Relationship		Cell Phone #	
Address (if different)					
Email address		Place of work		Work Ph. #	
² Parent/Guardian Name		Relationship		Cell Phone #	
Address (if different)					
Email address		Place of work		Work Ph. #	
Name of Childcare Provider or Relative		Relationship		Phone	
Address					
		Part 1 or 2 MUST BE COMPLETED			

PART 1: TO GRANT CONSENT

I hereby give consent for the following medical care providers, 911/ Emergency transport, and/or local hospitals to be called:

Physician	Phone #
Dentist	Phone #
Medical Specialist	Phone #
Local Hospital	Phone #

Medical Information

ALLERGIES: Please list food, medication, or environmental allergies:

Does your child's allergy require staff to monitor symptoms, take action if a reaction occurs, or administer emergency medications? YES NO

SPECIAL HEALTH OR MEDICAL CONDITIONS (please list, include dietary restrictions):

MEDICATIONS: Does your child currently use medications or food supplements? If so please list:

Does your child require staff to administer during school? YES NO

If yes, additional forms must be filled out by parent and prescribing physician

(OVER->)

EMERGENCY MEDICAL AUTHORIZATION- SIDE 2

PART 2- REFUSAL TO CONSENT

By signing this part, I understand I am NOT GIVING CONSENT for medical treatment of my child. In the event of injury, illness, or emergency treatment I wish for the school authorities to take the following action:

YOU MUST PROVIDE SPECIFIC INSTRUCTIONS FOR TREATMENT OF MEDICAL EMERGENCY

ONLY SIGN IF YOU DID NOT COMPLETE PART 1

Signature of Parent/Guardian

Date

IMPORTANT

Complete This Section:

If we, the parent or guardian, cannot be reached or cannot pick up my/our child/children in case of an emergency or national crisis, I authorize these people, in priority order, to pick up my child/children (note, there must be at least 3 contacts listed for childcare):

	Name	Relationship	Phone #
1			
2			
3			
4			
5			
6			

As the parent/guardian, we realize if there are any changes, additions, or deletions to any of this information or information on the EMERGENCY MEDICAL AUTHORIZATION FORM, we need to send it in writing as soon as possible to the HCS Main Office.

Signature of Parent/Guardian

Date