

Name: \_\_\_\_\_ Grade \_\_\_\_\_ ID \_\_\_\_\_

**North Allegheny School District Student Emergency Information and Medical Authorization**

TO WHOM IT MAY CONCERN: If neither of the parents can be contacted in case of serious injury or illness, I hereby authorize representatives of the North Allegheny School District to act as agent to secure emergency medical treatment for \_\_\_\_\_ a minor child for whom I am responsible, at UPMC Passavant Hospital (final decision on place of treatment will be dictated by the responding emergency providers based on medical need), when in the opinion of the school representative such emergency medical treatment is deemed appropriate during the time when my child is attending, coming to, or leaving school. I hereby agree to hold North Allegheny School District and its representatives harmless for exercising its judgment for authorizing such emergency medical treatment and said representatives are specifically authorized to sign any required emergency hospital treatment forms on my behalf.

The following is the information North Allegheny School District has on file for your child. Please verify that all information is complete and accurate. If any additions/corrections need to be made, mark them directly on this form. All forms must be returned to the nurse in order to reduce any delay at the time of an emergency. This information may be shared with the North Allegheny staff based on a "need to know" basis.

Parent/Guardian Signature \_\_\_\_\_ DATE \_\_\_\_\_

Student Information

HOME ADDRESS: \_\_\_\_\_

Home telephone: \_\_\_\_\_

**Female Guardian:**

Place of Work: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Beeper: \_\_\_\_\_

**Male Guardian:**

Place of Work: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Beeper: \_\_\_\_\_

PHYSICIAN (PCP) \_\_\_\_\_ PHONE: \_\_\_\_\_

Please list three emergency contacts other than parent/guardian who may be reached in case of illness or injury to care for your child. This should be a local contact. (i.e. neighbor, aunt, grandparent)

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

3. \_\_\_\_\_ Phone \_\_\_\_\_

Tylenol may be administered: YES NO

Ibuprofen may be administered (grade 6-12 only): YES NO