



ECE EMERGENCY MEDICAL CARE AUTHORIZATION AND HEALTH CARE INFORMATION

Parent/Guardian Contact Information

Student Name: Last		First	M.I.	Date of Birth	
Parent/Guardian Name		Relationship		Parent/Guardian Name	
Home Phone		Work Phone		Home Phone	
Cell Phone		Cell Phone Carrier		Cell Phone Carrier	

Health and Medication Information

Does your child have allergies that have been diagnosed by a healthcare provider?

Medications Food Bee Stings Other: _____ NONE

Please explain the type of reaction:

Does your child require an EPI-Pen? Yes No Benadryl? Yes No

***If yes, EPI-Pen must be supplied with doctor's instructions to the office for emergencies.*

Children will not be able to attend without their EPI-Pen and doctor's instructions.

Parents are responsible for proper disposal of EPI-Pens. EPI-pens left at CCALL for a period of 2 weeks beyond the expiration date or the student withdrawal date will be assessed a \$25 disposal fee.

Does your child have any chronic health conditions? Seizure Disorder Asthma Diabetes NONE

Frequent Ear Infections Skin Problems Other (specify): _____

Is your child on any medications? Yes No Inhalers? Yes No

Please list:

Physician Contact Information

Doctor's Name	Doctor's Phone	Date of Last Doctor Visit	Date of Last Tetanus
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Authorization/Permission

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. **This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.** I accept all financial responsibility for necessary treatment and services.

Parent/Guardian Signature _____ Date _____ Relationship _____