



# Unionville-Sebewaing Area Schools Emergency Medical Authorization Permit



Child's Name: \_\_\_\_\_

(Last)

(First)

(Middle)

Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_

In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

This authorization is valid for the current school year or until such time as I withdraw the authorization.

Authorized: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian

Parent or Guardian Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street

City

Zip

Mother's Employment: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Father's Employment: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Doctor Preferred: \_\_\_\_\_ Telephone: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Dentist Preferred: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dentist Address: \_\_\_\_\_

Insurance Company \_\_\_\_\_ I.D. No. \_\_\_\_\_

Emergency contact numbers we may call, if parents are not available: List two names

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Babysitter's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**See back of form for important medical information**

**Please provide necessary information**

### Important Medical Information

Allergies: \_\_\_\_\_

Current Medications or Treatments: \_\_\_\_\_

\_\_\_\_\_

Medical conditions or concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

**IF YOU WANT USA SCHOOLS TO ADMINISTER MEDICATION TO YOUR CHILD, AN  
ADDITIONAL FORM NEEDS TO BE FILLED OUT. THIS INCLUDES NON-PRESCRIBED,  
PRESCRIBED, INHALERS, ETC.**

The Unionville-Sebewaing Area Schools, in its policies, program, and practice, does not discriminate on the basis of race, color, religion, national origin, or ancestry, age, sex, disability, height, weight, or marital status, nor toward qualified handicapped individuals, in all activities and employment.