NLCS-150
Rev. 05/12

EMERGENCY MEDICAL AUTHORIZATION PERMIT

Whenever my child is involved in a school activity and I am unavailable or otherwise unable to provide authorization directly, I grant to the school principal or his/her designee the authority to act for me and to provide any required consents and authorization for the delivery of emergency medical care, diagnoses, and treatment, including surgical intervention, if necessary, on behalf of my minor child listed below and to do all other necessary things as I might or could do to provide for the child=s health and safety, if I were present. This authorization is valid for the current school year or until such time as I withdraw the authorization.

Child's Name____

School______________________________ Grade_______ Teacher_____________________________

Birthdate________________________Sex_________HomePhone# _______________________________

Parent/Guardian____Cell phone__________________

Home Address____

Father's employment_______________________________ Work phone_____________________________

Mother's employment______________________________ Work phone ____________________________

Emergency contact___________________________Relationship____________Phone________________

Emergency contact___________________________Relationship____________Phone________________

Local physician preferred_______________________________ Phone___________________________

Hospital preferred____

Insurance Company _______________________________ ID No. _______________________________

Important Medical Information

Allergies____

List All Current Medications___ ____

____

List all Medical Diagnoses and/or Chronic illnesses____

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Other____

Authorized ____ Date __________________________

Signature of parent/guardian