

# Emergency Permission Form

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Please list any significant health problems that might be significant to a physician evaluating you child in case of an emergency:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last physical on file: \_\_\_\_\_

Please list any allergies to medications, etc: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has this student been prescribed an inhaler or epipen? \_\_\_\_\_

**Please have name on all inhalers and epipens**

Is this student presently taking medication? \_\_\_\_\_

If so, what type? \_\_\_\_\_

Does this student wear contact lenses? \_\_\_\_\_

Please list date of last tetanus shot: \_\_\_\_\_

**EMERGENCY AUTHORIZATION:** In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of Chelsea Public School to hospitalize, secure proper treatment for and to order injection and /or anesthesia and/or surgery for this student stated above.

Daytime phone number (where to reach you in emergency) \_\_\_\_\_

Evening phone number \_\_\_\_\_ Cell phone number \_\_\_\_\_

Beeper number \_\_\_\_\_ Any additional contacts \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date