

**Emerson Waldorf School**  
**Emergency Medical Information and Authorization Form**  
**Grades 1-12**  
**2009-2010**

*Required for each student every year: Due to office by June 30, 2009*

**Student Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Parent Information**

**Parent/Guardian Name:** \_\_\_\_\_ **Home#** \_\_\_\_\_ **Cell#** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Employer/Department:** \_\_\_\_\_ **Work #** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Home#** \_\_\_\_\_ **Cell#** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Employer/Department:** \_\_\_\_\_ **Work #** \_\_\_\_\_

**Names of friends/relatives in the event you cannot be reached:**

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_ **Home#** \_\_\_\_\_ **Cell#** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_ **Home#** \_\_\_\_\_ **Cell#** \_\_\_\_\_

**Significant Medical Information**

**Physician Name:** \_\_\_\_\_ **Physician Phone #** \_\_\_\_\_

**Dentist Name:** \_\_\_\_\_ **Dentist Phone #** \_\_\_\_\_

**Hospital of Choice:** \_\_\_\_\_

**Chronic Illnesses or Injuries:** \_\_\_\_\_

**Allergies (medications, insect stings, food, other):** \_\_\_\_\_

**Asthma Inhaler:** \_\_\_\_\_ **Epipen:** \_\_\_\_\_ **Other:** \_\_\_\_\_

*\*Medical Authorization form signed by physician required for any prescribed medications*

**If my child needs Ibuprofen, Tylenol or other homeopathic remedies during the day, I authorize EWS personnel to administer: (Please check the following)**

**Acetaminophen** \_\_\_\_\_ **Ibuprofen** \_\_\_\_\_ **Homeopathic remedies** \_\_\_\_\_ **Soap & Water ONLY** \_\_\_\_\_  
(Tylenol) (Advil/Motrin)

*Administration of 'over the counter' medication will be at the discretion of the appointed EWS personnel consistent with the recommended dose for age as defined on package guidelines.*

**\*\*\* PLEASE COMPLETE REVERSE SIDE\*\*\***

**Medical Insurance**

Carrier Name \_\_\_\_\_ Phone \_\_\_\_\_

Coverage is listed under the following name: \_\_\_\_\_

Policy Number \_\_\_\_\_

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**Authorization To Consent To Health Care For A Minor**

In case of an accident or serious illness, I request that the school attempt to contact me. If the school is unable to reach me, I/we, of \_\_\_\_\_ County, North Carolina, am/are the custodial parent(s), having legal custody of the above-named minor child. I/we authorize the administration, faculty and/or staff of Emerson Waldorf School, adults in whose care the minor child has been entrusted, to do any acts which may be necessary or proper to provide for the health care of the minor child, including, but not limited to, the power (i) to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person whose services may be needed for such health care; and (ii) to consent to and authorize any health care, including the administration of anesthesia, x-ray examination, performance of operations, and other procedures by physicians, dentists and other medical personnel, except the withholding or withdrawal of life-sustaining procedures. By signing here, I/we indicate that I/we have the understanding and capacity to communicate health care decisions and that I/we am/are fully informed as to the contents of this document and understand the full import of this grant of powers to the agent named herein. This Authorization To Consent To Health Care For A Minor is given pursuant to North Carolina General Statute Section 32A-34.

*In case this child is involved in a medical emergency, Emerson Waldorf School will attempt to contact the child's physician and/or dentist listed on previous page. However, EWS will take any steps necessary, as outlined in the above Authorization To Consent To Health Care For A Minor, to provide proper health care for this child.*

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_