

Westmoreland Central School District

Dear Parent or Guardian:

If your child needs medical, dental, health, or hospital services, you as a parent must give permission. It's the law.

What about times when you cannot be reached for permission? A child may be treated without parental consent when a physician determines a true emergency exists. That means the doctor determines the child need immediate medical care and that an attempt to obtain parental consent would result in a delay which would increase the risk to the child's life or health.

Expect in a true emergency, care may be ordinarily rendered to a child only with the consent of the parent or legal guardian. Sometimes a child may need unexpected care which is not, however, a true emergency. In such cases, making an effort to contact a parent can delay treatment and create unnecessary anxious moments for the child.

Below is the emergency medical authorization form. This is to be kept in the Health Office and used if your child is seriously ill or has an accident and **you cannot be reached**. This information will be given to your child's teacher when the class is participating in a field trip.

Please fill out the necessary information, sign, have your signature witnessed by any adult, and return back to school.

If you have any questions, please call me at 557-2624

Name of Minor Student	Birthday	Identify any Allergies or Special Medical Conditions

I/We, being the parent(s) or legal guardian(s) of the above named minor, do hereby appoint the Westmoreland Central School District, through its agents (i.e. school nurse, building principal, or teacher(s) to act in my/our behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above named minor(s).

This document shall be presented to a physician, dentist, or appropriate hospital representative at such time as unexpected medical, dental surgical care, or hospitalization may be required, and I/we are not available to provide such authorization. I/we extend this authorization for the \_\_\_\_\_ school year.

Parent/Guardian Signature

Witness Signature

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Address

Date

Address

Date

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Hospitalization Coverage for Above Named Minor:

Insurance Company or Government Program

I.D. or Contract Number

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Family Physicians Name(s) and Phone Number(s)

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Sincerely,

School Nurse