



**Old Fort Local Schools  
Parent/Chaperone Field Trip  
Emergency Medical Authorization Form**

Name of chaperone: \_\_\_\_\_  
Group to be chaperoned: \_\_\_\_\_ Date(s) of Trip: \_\_\_\_\_  
Destination of trip: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City/Zip Code: \_\_\_\_\_

**Emergency Contacts:**

Call order	Name/Relationship	Contact number
1.	_____	_____
2.	_____	_____
3.	_____	_____

Please indicate if you have any of the following:

1. Allergies (please list): \_\_\_\_\_
2. Medications (please list): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Other medical concerns or conditions to which medical personnel should be alerted?  
\_\_\_\_\_  
\_\_\_\_\_

**Part I or Part II MUST BE COMPLETED**

**PART 1: TO GRANT CONSENT**

I hereby give consent for the following medical care providers and local hospital to be called:

	Office Phone	Address
Physician:		
Dentist:		
Medical Specialist:		
Local Hospital:		

In the event reasonable attempts to reach emergency contact have been unsuccessful, I hereby give my consent for:

(1) the administration of any treatment deemed necessary by the appropriate medical professional; and (2) my transfer to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinion of at least one other licensed physician or dentist, concurring in the necessity for such surgery, is obtained prior to the performance of such surgery, with the exception of a life-saving procedure.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART II: REFUSAL TO CONSENT**

I do NOT give consent for emergency medical treatment. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_