

SMS Summer Program Student Emergency Medical Authorization

Copy of insurance cards should be included with this form.

Emergency Authorization: I authorize SMS Summer Program personnel to give my child treatment as they deem it appropriate. I understand that every effort will be made to contact me in the event of an emergency which requires medical attention.

I hereby authorize SMS Summer Program to proceed as follows in the case of illness or emergency:

- (1) **NON LIFE THREATENING EMERGENCY***: My child will be given First Aid treatment and kept at the program until. (or another adult contact on the Emergency Release form) can be reached to pick up my child.
- (2) **LIFE THREATENING EMERGENCY**: My child will be transported by ambulance (at my expense), accompanied by a staff member, to the nearest hospital, where I give permission for any and all x-rays, tests, treatment, and/or hospitalization to be administered and/or arranged by those medical personnel in attendance at said hospital, as they may deem necessary.

*Please Note: At the program's discretion, children with facial or head injuries or other injuries of a potentially serious nature may be transported by ambulance as described in (2) above, even if those injuries are not deemed to be life threatening.

Student Name: _____ DOB: _____
Student's Physician/Clinic: _____
Physician's/Clinic Address: _____
Physician's/Clinic Phone: _____
Insurance Carrier: _____
Insurance Number: _____

Parent/Guardian Signature

Date

SMS Summer Program Student Emergency Medical Authorization

Student Name: _____

DOB: _____

Program: Toddler/Children's House/Elementary (circle one)

Place of Birth: _____

Home Address: _____

Parent/Guardian Information:

Parent/Guardian Name: _____ Relationship to the student: _____

Home address (fill out if different from the student): _____

Home/Cell Phone(s): _____ Email: _____

Company/Employer Name: _____ Phone: _____

Company/Employer Address: _____

Parent/Guardian Information:

Parent/Guardian Name: _____ Relationship to the student: _____

Home address (fill out if different from the student): _____

Home/Cell Phone(s): _____ Email: _____

Company/Employer Name: _____ Phone: _____

Company/Employer Address: _____

Please list below names of other people (a) can be called in case of an emergency when a parent/guardian cannot be reached and (b) who are authorized to pick up your child at dismissal or at the conclusion of the school day.

Contact #1: _____

Relationship to Student: _____

Cell Phone: _____

An additional phone if you find it helpful to provide: _____

Contact #1: _____

Relationship to Student: _____

Cell Phone: _____

An additional phone if you find it helpful to provide: _____