

PRINCE GEORGE'S COUNTY PUBLIC SCHOOLS

Emergency Medical Treatment Authorization Form

Name of Student: _____

Sponsoring Teacher: _____

Parents or Guardians: _____

Phone: (W) _____ (H) _____

Emergency Phone if Parents/Guardians cannot be reached: _____

Family Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Does pupil have any disease, handicap, or other conditions? ☐ YES ☐ NO

Describe: _____

Does the above restrict any activities? ☐ YES ☐ NO

If yes, to what extent? _____

Is pupil covered by hospitalization and/or accident insurance? ☐ YES ☐ NO

Name of Carrier: _____ Insurance No. _____

NOTE: In a serious emergency, your son/daughter may have to be taken to the nearest hospital emergency room. Should such action be necessary, you will be notified as soon as possible and will be responsible for any charges incurred. The school has no funds to meet the bills resulting from care, which is sought outside the school setting.

It is important that you understand that your signature on this card does not give the hospital permission to treat your son/daughter.

Date: _____ Signature Parent/Guardian: _____