

Richmond Area Chrysalis Community
EMERGENCY MEDICAL INFORMATION

Name: _____ Grade : _____ Birthdate: _____

Address: _____ Telephone: () ____ - _____

Parent's name: _____ Telephone: () ____ - _____

Father's employer: _____ Telephone: () ____ - _____

Mother's employer: _____ Telephone: () ____ - _____

In case neither parent can be located notify:
Name: _____ Relationship: _____

Address: _____ Telephone: () ____ - _____

Preferred Physician: _____ Telephone: () ____ - _____

Preferred Dentist: _____ Telephone: () ____ - _____

EMERGENCY MEDICAL AUTHORIZATION

Purpose: To enable parents and guardians to authorize the emergency treatment for children who become ill or injured while under Richmond Area Chrysalis authority, when parents or guardians cannot be reached.

PART I OR PART II MUST BE COMPLETED.

PART I GRANT CONSENT

In the event attempts to contact parents/guardians are unsuccessful I give my consent for (1) any treatment deemed necessary by the preferred physician or preferred dentist or in the event my preferred physician/dentist is not available, by another licensed physician or dentist and (2) the transfer of the child to the hospital. This authorization does not cover major surgery unless medical opinions of two other licensed physicians or dentist concur in the necessity of such surgery. This authorization is valid for the current year or until such time as I withdraw this authorization.

Date: _____ Parent/Guardian Signature: _____

PART II REFUSAL TO CONSENT

I do not give my consent to emergency treatment of my child in the event of illness or injury requiring emergency medical treatment. I wish the Richmond Area Chrysalis Authorities to take no action but instead to:

Date: _____ Parent/Guardian Signature: _____

PLEASE RETURN THIS TO RICHMOND AREA CHRYSALIS REGISTRAR A.S.A.P.
THIS FORM MUST BE COMPLETED AND WILL BE ON FILE WITH THE RICHMOND AREA
CHRYSALIS COMMUNITY

SERIOUS HEALTH PROBLEMS

Allergies: _____ Current Medications and treatments: _____

Serious Health Conditions: _____
