PE+PLUS

Last Name_____

Authorization for Emergency Medical Care

I/we, _____(parent's name). hereby give my/our permission to the P.E. PLUS Program to call a doctor or seek emergency medical/surgical treatment for my child(ren) listed below should an emergency arise. It is understood that a conscientious effort will be made to locate me/us before emergency action will be taken. If this is not possible I give permission to the doctor, hospital, or medical service to provide emergency medical or surgical care for my child.

Child's Name	Any known allergies	Any known chronic or limiting conditions

Doctor's Name _____Phone #_____

Dentist's Name _____Phone #_____

Hospital of choice_____

In case of emergency contact the following:

1. _____Phone #_____
2. _____Phone #_____

Parent/Guardian Signature: _____ Date _____

- - - - - - - - - - - - - *The following section can be used in future semesters.* - - - - - - - - - - - - -

I have reread, checked and updated this form:

_____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____