

MASON CITY SCHOOL DISTRICT
STUDENT INFORMATION COLLECTION FORM

STUDENT NAME: _____ DOB: _____ GRADE: _____
SCHOOL BUILDING: _____ MASON STUDENT ID#: _____
ADDRESS: _____ PHONE: _____

EMERGENCY MEDICAL AUTHORIZATION

STUDENT NAME: _____ SCHOOL BUILDING: _____
ADDRESS: _____ PHONE: _____

The purpose of this form is to enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

RESIDENTIAL PARENT OR GUARDIAN INFORMATION

MOTHER'S NAME: _____ DAYTIME PHONE: _____
FATHER'S NAME: _____ DAYTIME PHONE: _____
OTHER NAME: _____ DAYTIME PHONE: _____
ALTERNATIVE CONTACT (RELATIVE OR CHILDCARE PROVIDER):
NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ PHONE: _____

PART I OR II MUST BE COMPLETED (COMPLETE ONLY ONE)

PART I – TO GRANT CONSENT

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

DOCTOR: _____ PHONE: _____
DENTIST: _____ PHONE: _____
MEDICAL SPECIALIST: _____ PHONE: _____
LOCAL HOSPITAL: _____ ER PHONE: _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. **Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted (attach additional sheets if necessary):**

PARENT SIGNATURE: _____ DATE: _____
ADDRESS: _____

PART II – REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment of my child. **In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action (attach additional sheets if necessary):**

PARENT SIGNATURE: _____ DATE: _____
ADDRESS: _____

I acknowledge that my electronic signature is the legal equivalent of my manual/handwritten signature on this document.