

Danville Local Schools  
**Student Emergency Medical Form**

**Please complete entire form.**

Student Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
Please indicate if NEW address \_\_\_\_\_

---

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

**CURRENT RESIDENTIAL PARENT/GUARDIAN:**

Mother \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_  
Father \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_  
Guardian \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

**OTHER RELATIVE/CHILD CARE PROVIDER/EMERGENCY CONTACTS:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

---

**PART I – TO GRANT CONSENT**

Doctor \_\_\_\_\_ Phone # \_\_\_\_\_  
Dentist \_\_\_\_\_ Phone # \_\_\_\_\_  
Medical Specialist \_\_\_\_\_ Phone # \_\_\_\_\_  
Knox Community Hospital (740-393-9000) OR Other \_\_\_\_\_

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 doctors or in the event the designated preferred practitioner is not available, by another licensed physician or dentist and (2) the transfer of my child to the nearest hospital. 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 surgery.

**FACTS CONCERNING MY CHILD’S MEDICAL HISTORY – including allergies, asthma, diabetes, medications being taken, and any medical/physical need to which the school/coach and a physician should be alerted** \_\_\_\_\_

\_\_\_\_\_ Date of last Tetanus \_\_\_\_\_

**FIELD TRIP PERMISSION FORM**

**SCHOOL YEAR** \_\_\_\_\_

I hereby consent to allow my son/daughter \_\_\_\_\_ to participate in any field trip or school-related activity during the present school year. It is understood that this initial permission slip will serve throughout the present school year.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

---

**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 authorize the school to take the following actions:

\_\_\_\_\_  
\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

---