**Emergency Care & Pickup Authorization Form**

**Name of Client (Child’s Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Name of Facility/Owner of Facility) will contact emergency medical services to provide emergency care when required by law or when deemed necessary. I understand I am responsible for all doctor, hospital, and medical expenses. I further understand that the district will release confidential information regarding my child's health problems to third parties, other than school officials, as required to facilitate emergency medical care and/or treatment of my child.

I give permission for the release of confidential information regarding my child's health problems to third parties, other as necessary to facilitate emergency care and/or treatment of my child.

My child is allergic to certain medications/drugs/foods/chemicals: Yes No

If yes, please list:

(Name of Facility/Owner of Facility) will use this emergency care form when they are unable to contact a client’s parent or authorized designee. A student may provide consent if authorized by law or court order.

If your child has a medical condition, or medical changes occur during the school year, it is the parent/guardian's responsibility to notify (Name of Facility/Owner of Facility) and update the information.

I authorize the following people to pick up your child:

Name:

Name:

Name:

Please list any people who are not authorized to pick up your child:

Signing your name below verifies that you have read and agree with the above statements regarding emergency care involving your child.

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sign Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**