

**DEMAREST MIDDLE SCHOOL
DEMAREST NEW JERSEY**

FORM #4

PARENT'S/GUARDIAN'S AUTHORIZATION FOR EMERGENCY MEDICAL CARE

CHILD'S NAME _____ TEACHER _____

ADDRESS _____ PHONE _____

In case of accident or illness, notify:

NAME _____ PHONE _____

(Parent or Guardian)

MOTHER'S BUSINESS PHONE _____

MOTHER'S CELL PHONE _____

FATHER'S BUSINESS PHONE _____

FATHER'S CELL PHONE _____

IN THE ABSENCE OF THE ABOVE, THE FOLLOWING PERSONS ARE AUTHORIZED TO ACT ON BEHALF OF MY CHILD:

NAME _____ PHONE _____

NAME _____ PHONE _____

PARENT'S OR GUARDIAN'S AUTHORIZATION:

In the event of illness or accident to a child or children of mine attending the overnight field trip which, in the judgment of the nurse, would seem to demand emergency medical attention, I hereby authorize the nurse to summon medical help and to use their own judgment for the most easily accessible medical assistance if I cannot be promptly reached by phone. In addition, the nurse shall use her own judgment in notifying my child's physician as to the disposal of the case.

DOCTOR _____ PHONE _____

(Child's Physician)

DOCTOR _____ PHONE _____

(Specialist)

I, the undersigned, hereby consent to and authorize the Demarest Middle School in charge of the case of _____ to carry out emergency treatment or diagnostic procedures as deemed necessary or advisable while my child is on the overnight field trip. I understand that in case of illness or accident, I will be immediately notified, and this is permission for emergency care only.

Date

Parent/Guardian's Signature