

## **Dublin City School District**

Program 2340 F5 New 3/20/2020

## **Chaperone Emergency Medical Authorization Form**

- To be completed by chaperone and returned to trip leader.
- To be used to authorize emergency medical treatment should a chaperone become ill or impaired while on trip.
- This information will be shared with emergency care providers if needed.

Chaperone name:		Date of birth:		
Last	First	M.I.		
Home address:Street		State, Zip	Home phone	Cell phone
	·	•	•	•
Should I become incapacitated and una neluding surgical intervention, if neces				
Adult to be notified in case of accident	t/emergency	Adult to be not	tified in case 1st adult	listed cannot be read
Name:		Name:		
Relationship:		Relationship:		
Home phone:		Home phone:		
Cell phone:		Cell phone:		
Work phone:				
Medical condition:Physical impairments:			tment:	
Allergies:(List what you are allergic	to) (Ty	ype of reaction) (Usual treatment)		
•				
Please sign either the Consent for Treatm	ent OR the Refusal to	Consent for Treatm	ent.	
Option I: CONSENT FOR TREATMENT hereby give consent for the following med		local hospital to be o	called:	
Ooctor: Ph	_	_		Ph:
Medical Specialist: Ph			P	Ph:
hereby give my consent for (1) the admidesignated preferred practitioner is not a easonably accessible. This authorization lentists, concurring in the necessity for such	vailable, by another lied does not cover major	censed physician or surgery unless the n	dentist; and (2) my to medical opinions of two	ransfer to any hospita
Chaperone signature		Date		
Option II. REFUSAL TO CONSENT For do NOT give my consent for emergency in the school authorities to take the following Action:	nedical treatment. In th action:		injury requiring emerger	ncy treatment, I wish
Action:				
haperone signature		— — — — — — — — — — — — — — — — — — —		