



East Grand Rapids Public Schools

Dear Families:

Occasionally a child sustains an injury on school premises and we are unable to locate either a parent or someone designated by you to assume responsibility in the event of an emergency. If in our judgment your child needs emergency medical care or treatment, it can best be expedited by the school having authorization to proceed in the event you cannot be located. Without this authorization, the hospital emergency services will not provide treatment except in cases of extreme medical necessity.

In order to eliminate any hesitation on the hospital's or physician's part to render care for an injured child, we request that you complete the Emergency Consent form on the reverse side of this letter authorizing the district to act on your behalf. It will *only* be used in the case of an emergency and we are unable to reach you or your designee. *It is important that you complete a separate form for each child in your family.*

This procedure has been developed to ensure prompt attention for your child. If you have any questions or concerns, please contact your building principal.

Sincerely,

A handwritten signature in blue ink that reads 'Sara Magaña Shubel'.

Sara Magaña Shubel, Ph.D.
Superintendent



East Grand Rapids Public Schools
PARENT CONSENT FOR EMERGENCY CARE

TO WHOM IT MAY CONCERN:

Jennifer Fee, the Principal of East Grand Rapids High School, or her designee, is hereby empowered by me (us) to authorize medical care and treatment for my (our) child _____ (name) _____ (birthdate) in the event the need of such care should arise while my (our) child is at school and I (we) cannot be contacted at either phone number listed below. This authorization continues as long as my (our) child is enrolled in the East Grand Rapids School District, or until you are notified to the contrary in writing. I understand that in the event medical treatment is necessary, the hospital and/or the private corporation of physicians staffing the emergency room will bill me (us) for services rendered.

Please list any allergies to medication which a physician should be aware of: _____

Please list any medicine the child is taking over an extended period of time: _____

Dosage: _____

Signature of mother

Residence address

Date

Business phone

Residence phone

Signature of father

Residence address

Date

Business phone

Residence phone

List additional phone numbers in the event we are unable to reach those listed above:

Name _____ Phone _____ Name _____ Phone _____

Child's physician: Name _____ Phone _____

Sign below only if you do not wish to approve authorization.

I do not give approval for the above authorization.

Signature

Relationship

Date

Business phone

Residence phone