

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

The following form authorizes Horace Good Middle School coaches/staff members to authorize medical treatment for your student in the event that all reasonable attempts to contact the listed parents/guardians are unsuccessful. Please provide the following information and return to HGMS or e-mail to ksawyer@gckschools.com:

Parent/Guardian Name: _____

Phone (Primary): _____

Phone (Other): _____

Parent/Guardian Name: _____

Phone (Primary): _____

Phone (Other): _____

Emergency Contact Name (if parent/guardian unavailable): _____

Relationship: _____

Phone (Primary): _____

Phone (Other): _____

Primary Doctor: _____ Phone: _____

Preferred Dentist: _____ Phone: _____

Medical Insurance Provider: _____

Policy Number: _____

Parent Signature: _____ Date: _____

This form only needs to be filled out once while your student attends HGMS unless there is a change in information