

Authorization of Medical Treatment

The undersigned parent/legal guardian of _____ does hereby authorize any certified employee (teacher/coach/administrator) of Brimfield Community Unit School District #309 to seek emergency medical treatment for the above named student. I acknowledge that School District employees may whenever practical first try to reach me or other family members and that this authorization by itself will not impose any affirmative duty on any employee of the School District. This authorization shall expire July 1, 2012.

Parent or Legal Guardian

Date

Child's Name

Birth date

Allergies, special conditions, medications currently being taken:

Parents Name(s) _____

Address(s) _____

Phone Number(s) _____

Emergency Numbers (cell phones, work numbers, etc.)

