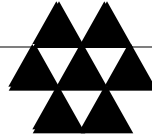


THE SEVEN HILLS SCHOOL
EMERGENCY MEDICAL AUTHORIZATION



Name (First, Middle, Last) Preferred Date of Birth Grade Homeroom (if applicable)

Address City, State, Zip Telephone TSHS ID #

Parent/Guardian 1 Name Home Phone Cell Phone/Pager Business Telephone

Parent/Guardian 2 Name Home Phone Cell Phone/Pager Business Telephone

Two emergency contacts other than the parents to whom we may release your child:

Emergency Contact 1 Area Code & Phone Address Relationship

Emergency Contact 2 Area Code & Phone Address Relationship

Preferred Doctor Area Code & Phone Address

Preferred Dentist Area Code & Phone Address

This consent form authorizes emergency treatment for children who become ill or injured while under school authority, when parents cannot be reached.

Part I or Part II must be completed.

PART I (TO GRANT CONSENT)

In the event reasonable attempts to contact _____ or _____ at the above phone numbers have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by (Preferred Dr.) _____ (phone) _____ or (Preferred dentist) _____ phone _____ or by any other licensed physician or dentist if the designated practitioner is not available, and (2) the transfer of the child to (preferred hospital) _____ or any hospital reasonably accessible.

This document authorizes major surgery when the opinions of 2 licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before the surgery is performed. Please list all relative facts concerning your child's medical history, including: allergies; prescribed medications; and physical impairments to which a physician should be alerted.

Signature of Parent/Guardian Required

Medications	Special Needs and Conditions	Allergies
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Date Signature of Parent/Guardian Required Date of last tetanus

Insurance Company Policy Number Policy Holder

DO NOT COMPLETE PART II IF YOU COMPLETED PART I

PART II (REFUSAL TO CONSENT)

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to:

Date Signature of Parent

