Little Farmers Academy
EMERGENCY MEDICAL RELEASE FORM

Child's Full Name _____ Birth Date _____

Address _____ _____

County _____ Male or Female _____

Guardian's Name _____ Relationship to Child _____ Place of Employment _____ Work # _____ Cell# _____ Email Address _____	**Guardian's Name** _____ Relationship to Child _____ Place of Employment _____ Work # _____ Cell# _____ Email Address _____
Child's Physician Name _____ Address _____ Phone # _____	**Child's Dentist Name** _____ _____ Address _____ Phone # _____

PART I: TO GRANT CONSENT

Facts concerning the child's medical history, including allergies, medications being taken, and physical impairments to which a physician should be alerted: _____

_____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

I give Little Farmers Academy my permission to transport my child to _____ (preferred hospital) for emergency medical treatment or to _____ (preferred dentist) for emergency dental care or to nearest available source of assistance.

Parent/Guardian Signature _____ Date _____

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 the following action:

_____

Parent/Guardian Signature _____ Date: _____

PLEASE TURN OVER TO CONTINUE

Please list **3 people** that can be contacted at **3 different addresses & phone numbers** in the event that reasonable attempts to contact parent/guardian have been unsuccessful. **It is a state requirement to have three (3) sets of contact information on file for all children. **

1. Name _____

   Address _____ Phone _____
   Relationship to Child _____

2. Name _____
   Address _____ Phone _____
   Relationship to Child _____

3. Name _____
   Address _____ Phone _____
   Relationship to Child _____

Please list **all** other persons who have permission to pick up your child. Persons already listed above do not need to be listed again. Anyone picking or dropping off your child must be 18 years of age and photo identification is required. Anyone not listed will not be permitted to pick up your child without prior permission. Please feel free to contact us at any time to change and/or update this listing.

Name_____ Relationship to Child _____

Name_____ Relationship to Child_____

Name_____ Relationship to Child_____

Name_____ Relationship to Child_____

Name_____ Relationship to Child_____

I have completed and agree with the information on this form. I understand I may make updates to this information at any time by requesting a new form to complete.

Parent/Guardian Signature_____ Date: _____