



Waldwick Seventh-day Adventist School

70 Wyckoff Avenue - Waldwick, New Jersey 07463

201-652-6078 | Fax: 201-652-4652 | www.wsdas.org

Ruth J. Nino, Principal

EMERGENCY MEDICAL AUTHORIZATION

STUDENT INFORMATION

SCHOOL YEAR: _____

Name: _____ Date of Birth _____ Grade _____

Address: _____

Mother's Name: _____ Daytime Phone: _____

Cell Phone: _____ E-Mail: _____

Father's Name: _____ Daytime Phone: _____

Cell Phone: _____ E-Mail: _____

Is there a legal custody order that applies to this child? (Please Circle) Yes or No

If yes, please give details: _____

EMERGENCY CONTACTS: (WILL BE CALLED IN THE ORDER GIVEN IF PARENT/GUARDIAN CANNOT BE REACHED)

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

3. Name: _____ Relationship: _____ Phone: _____

EMERGENCY CARE INFORMATION

Preferred Physician: _____ Phone: _____

Preferred Dentist: _____ Phone: _____

Allergies and/or Specific Health Considerations: _____



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CONSENT

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by the above mentioned doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and 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 performance of such surgery. In addition to the aforementioned information, I give my permission for any and all medical information to be shared with all school personnel that interact with my child.

Parent/Guardian Signature: _____

Student Signature: _____

Date: _____

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 schools authorities to take no action or to: (please explain)

Parent/Guardian Signature: _____

Date: _____