



# LUCERNE VALLEY UNIFIED SCHOOL DISTRICT EMERGENCY AUTHORIZATION TO CONSENT TO TREATMENT

Student name: \_\_\_\_\_

### Health Plan/Medical Insurance:

Your child's school does not provide medical insurance coverage for school accidents. This means that you are responsible for your child's medical bills if he or she gets hurt during school activities.

Please provide your child's Health Plan/Insurance information: (Student's):

Medi-Cal    Blue Cross    Kaiser    Other (specify) \_\_\_\_\_

\_\_\_\_\_  
Student's Health Care/Medi-Cal Number      Physician Name      (      )      -      \_\_\_\_\_  
Physician's Phone

### Pupils on continuing medication:

*"The parent or legal guardian of any public school pupil on a continuing regimen for a nonepisodic condition shall inform the school staff of the medication being taken, the current dosage, the name of the supervising physician. With the consent of the parent or legal guardian of the pupil, the school staff may communicate with the physician and may counsel with the school personnel regarding the possible effects of the drug on the child's physical, intellectual, and social behavior, as well as possible behavior signs and systems of adverse side effects, omission, or overdose." -- Section 49480*

Please list any health problems, physical conditions and/or allergies that emergency care contact person should know: (HE215)  \_\_\_\_\_

Medication	Dosage	/ /	- / /
		Date prescribed	End Date
Medication	Dosage	/ /	- / /
		Date prescribed	End Date
Medication	Dosage	/ /	- / /
		Date prescribed	End Date

### Authorization to treatment:

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of a aforesaid agent to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

I hereby authorize, pursuant to the provisions of section 25.8 of the Civil Code of California, to give such attention as may be thought necessary by the physician/medical advisor in charge, in case of an emergency and I cannot be reached. I also authorize the hiring of an ambulance to transport my child to a suitable place for medical care. I understand that the local police may be called in certain circumstances, in order to ensure emergency procedures.

This authorization shall remain effective until revoked in writing delivered to said agent.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**FOR SCHOOL USE ONLY:**  
Received – Date:      /      /      By: \_\_\_\_\_