

THE RATNER SCHOOL - EMERGENCY TRANSPORTATION AUTHORIZATION

STUDENT'S NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE _____

BIRTHDATE ____/____/____ GENDER _____

LIST TWO LOCAL PEOPLE WHO CAN BE CONTACTED AND TAKE RESPONSIBILITY FOR YOUR CHILD IN AN EMERGENCY IF THE PARENTS CANNOT BE REACHED:

NAME _____ RELATIONSHIP TO CHILD _____ PHONE NO. _____

ADDRESS _____

CITY, STATE, ZIP _____

NAME _____ RELATIONSHIP TO CHILD _____ PHONE NO. _____

ADDRESS _____

CITY, STATE, ZIP _____

PHYSICIAN'S NAME _____ PHONE NO. _____

ADDRESS _____

CITY, STATE, ZIP _____

DENTIST'S NAME _____ PHONE NO. _____

ADDRESS _____

CITY, STATE, ZIP _____

TO GRANT CONSENT

THE FOLLOWING SECTION ONLY AUTHORIZES THE CHILD CARE FACILITY TO SECURE EMERGENCY TRANSPORTATION FOR A CHILD. THIS FORM DOES NOT AUTHORIZE OR GUARANTEE TREATMENT UPON ARRIVAL AT THE DESIGNATED SOURCE OF EMERGENCY MEDICAL OR DENTAL TREATMENT, AS EACH EMERGENCY FACILITY SETS ITS OWN TREATMENT PROCEDURES.

I GIVE MY PERMISSION TO THE RATNER SCHOOL TO TRANSPORT MY CHILD TO THE FOLLOWING EMERGENCY FACILITIES FOR EMERGENCY MEDICAL OR DENTAL CARE, OR TO THE NEAREST AVAILABLE SOURCE OF ASSISTANCE.

PREFERRED HOSPITAL OR CLINIC _____

PREFERRED DENTIST OR DENTAL CLINIC _____

Signature of parent or guardian to grant consent

Date

REFUSAL TO CONSENT

I DO NOT GIVE PERMISSION TO THE RATNER SCHOOL TO TRANSPORT MY CHILD FOR EMERGENCY MEDICAL OR DENTAL CARE. IN THE EVENT OF AN ILLNESS OR INJURY WHICH REQUIRES EMERGENCY MEDICAL OR DENTAL TREATMENT, I WISH THE FOLLOWING ACTION TO BE TAKEN:

Signature of parent or guardian to refuse consent

Date