



# Emergency Authorization Form

**Student Name:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_ **Evening Phone:** \_\_\_\_\_

**Alternate Emergency Contact:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_ **Evening Phone:** \_\_\_\_\_

**Relationship to student:** \_\_\_\_\_

The staff (needs/does not need) to be aware of any health concerns regarding my child.  
Please list concerns: \_\_\_\_\_

\_\_\_\_\_

My child (does/does not) have any dietary restrictions.

Please list: \_\_\_\_\_

\_\_\_\_\_

My child (is/is not) currently taking any medications.

Please list: \_\_\_\_\_

\_\_\_\_\_

I understand that if the band/school personnel are unable to reach me or a person whom i have designated, I do hereby authorize the to secure emergency medical treatment as necessary. I agree to pay all expenses incurred by this emergency care.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date