

# Birmingham Public Schools Emergency Information and Treatment Permission Form

Does your child have a specific physical/health problem(s)? Yes  No

**Allergies (please specify)\***

<input type="checkbox"/> Medications (specify)
<input type="checkbox"/> Food (specify):
<input type="checkbox"/> Products (e.g. latex)
<input type="checkbox"/> Insects:

**Medical Conditions (please check )**

<input type="checkbox"/> Asthma*	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Blood Abnormality	<input type="checkbox"/> Neurologic
<input type="checkbox"/> Cardiac	<input type="checkbox"/> Orthopedic
<input type="checkbox"/> Convulsive disorder/Seizures*	<input type="checkbox"/> Other:

\*Fill out the appropriate Treatment Plan form located on our school website.

**Physician or specialist providing care for the above condition:**

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child's health require that any of the following items be kept at school? (mark item(s) that apply) Provide items and fill out Permission to Administer Medication Forms obtained from the school website.

<input type="checkbox"/> Epi Pen	<input type="checkbox"/> Benadryl	<input type="checkbox"/> Peak Flow Monitor
<input type="checkbox"/> Asthma Inhaler	<input type="checkbox"/> Blood Sugar test	<input type="checkbox"/> Other: _____

Specify Additional Medications (not taken at school):  
\_\_\_\_\_

Student's Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**In case of emergency, the school authorities have my permission to take such action as they deem necessary:**

\_\_\_\_\_  
Parent Signature Date

Emergency personnel have the legal right "to save life or limb" so no child's life is in danger when a parent cannot be contacted. However, some emergency personnel, including physicians and hospitals, wait until a parent is present before initiating treatment. Some hospitals may be willing to proceed in the absence of a parent if a witnessed signature is available. Please read and check ONE of the following statements. (Witnessed signature is required)

\_\_\_\_\_ In case of an injury or illness involving my son/daughter, \_\_\_\_\_, and when neither can be reached at the phone numbers provided, **WE AUTHORIZE** emergency personnel, as well as the attending physician and hospital personnel to take such action and give such treatment as they deem advisable for our child's comfort and well-being.

\_\_\_\_\_ In case of an injury or illness involving my son/daughter, \_\_\_\_\_, and when neither parent can be reached at the phone number provided, we **DO NOT** give our consent for any medical treatment, including where illness or injury may require emergency treatment. We direct the District authorities, emergency personnel, and any medical professional, hospital, or medical facility to take no action whatsoever until we have been contacted. **NOTE TO PARENTS/GUARDIANS: This provision shall not apply to an emergency in which the child's life is in danger.**

\_\_\_\_\_  
Parent/Guardian Signature Date **Witness Signature (required)** Date