

2026-2027

# EMERGENCY MEDICAL AUTHORIZATION FORM

Salem Christian Academy, LLC

**Allergy  
Alert**
☐

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
 (please print) Last First

Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Male ☐  
 MM/DD/YYYY

City/Zip Code: \_\_\_\_\_ Student resides with: \_\_\_\_\_ Female ☐

## PARENT/GUARDIAN & EMERGENCY CONTACT INFORMATION

Relationship:	Name:	Home Phone:	Cell Phone:	Work Phone:	Can Pick Up:
Parent/Guardian	_____	_____	_____	_____	<input type="checkbox"/>
Parent/Guardian	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>

**Please indicate if your child has any of the following:**

1. Allergies:\* \_\_\_\_\_

\***CHOOSE ONE** - If your child has allergies, should he/she eat lunch: ☐ at the class table - or - ☐ at the table for students w/ allergies?

2. Medications:\*\* \_\_\_\_\_

3. Inhalers:\*\* \_\_\_\_\_

4. Other medical concerns or conditions: \_\_\_\_\_

\*\*Use of any medication at school requires the appropriate documentation to be completed & on file with the school office. Any listed medication & completed Student Medication Form **MUST** be turned in to the office prior to the 1st day of school. *Student Medication Forms can be found at SalemChristianAcademy.com*

## PART I OR II MUST BE COMPLETED

### PART I: TO GRANT CONSENT

**I Hereby Grant Consent** for the following medical care providers and local hospital to be called:

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_

Local Hospital/Emergency Room: \_\_\_\_\_

Signature of Parent/Guardian

Date

### PART II: REFUSAL TO CONSENT

**I Do Not Grant Consent** for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian

Date