

MINOOKA COMMUNITY HIGH SCHOOL DISTRICT #111

MEDICAL AUTHORIZATION FORM

Student: _____ Grade: _____
(Last) (First)

Parent/Guardian _____

Physician: _____

Emergency Hospital : Provena St Joseph Medical Center Morris Hospital

If the parents and authorized physician(s) named above cannot be reached in the event of an emergency and if immediate observation or treatment is urgent in the judgment of the school authorities, do you authorize and direct the school authorities to send your child (properly accompanied) to the hospital or doctor? Yes _____ No _____

Other Instructions: _____

Allergies: _____

Date: _____

Signature: _____

<p>_____ My son/daughter will be carrying an asthma inhaler at school.</p> <p>_____ My son/daughter will be taking prescription medication during the school day.</p>
