

## MEDICAL AUTHORIZATION FOR TREATMENT OF OUR CHILD

We, the undersigned, re the parents/guardians of the following child and because of our anticipated absence we hereby appoint Carlisle School or it's representative to be the temporary guardian of our child. We confer upon the temporary guardian the authority to sign on our behalf any and all medical and dental treatment contracts and treatment authorization forms without limitation, which the guardian deems necessary for the benefit of our child in the event of illness or injury. We agree to pay for all such treatment and to save the guardian harmless from these expenses. The following information is provided to assist the health care provider and is declared by us to be accurate:

**Name of Child:** \_\_\_\_\_  
Last First Middle.

Date of Birth: \_\_\_\_\_ S.S.#: \_\_\_\_\_

Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Existing Medical Problems: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Primary Guardian:** \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Last First M.I.

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
(No student email address, please)

Mailing Address: \_\_\_\_\_

**Other Guardian:** \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Last First M.I.

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
(No student email address, please)

Mailing Address: \_\_\_\_\_

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

**Insurance Company:** \_\_\_\_\_

Policy #: \_\_\_\_\_ Group Plan #: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_  
**Guardian 1 Signature** Date Relationship

\_\_\_\_\_  
**Guardian 2 Signature** Date Relationship