

**REEDSBURG AREA HIGH SCHOOL
AUTHORIZATION for EMERGENCY TRANSPORTATION & TREATMENT**

NAME: _____
Last Middle Initial First

1. Insurance Company you have a policy with _____
Insurance Number _____
2. Is your son/daughter presently taking any medication? _____
If yes, list here: _____
3. Is your son/daughter allergic to anything? _____
If yes, list here: _____

Signature of Parent/Guardian: _____

Date: _____

Home Phone: _____ **Emergency Phone:** _____

**Reedsburg Area High School
Authorization for Emergency Transportation & Treatment**

I authorize school personnel to transport my son/daughter to a physician's office and/or emergency room for treatment in the event that emergency medical care is needed while he/she is involved in either co-curricular or extra-curricular activities. Further, I authorize the **Physician and Hospital Staff** to treat my son/daughter, as they deem necessary in emergency situations.

The above authorization will help assure that your child will begin receiving emergency medical treatment should they have a broken bone or other non-life threatening situations and you are not able to be contacted to authorize treatment for your son/daughter.