

Hayward Unified School District  
**Emergency Medical Treatment Authorization  
for  
School Related Activities  
Form for Chaperons**  
(please complete and return this form to your child's teacher)

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Apt. No. \_\_\_\_\_  
ZIP \_\_\_\_\_

**Persons to call in an emergency (list as many or few as you like, in order of preference)**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Relationship to the chaperon: \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Relationship to the chaperon: \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Relationship to the chaperon: \_\_\_\_\_

Health Insurance Plan \_\_\_\_\_ Policy or Plan Number \_\_\_\_\_

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

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

Do you require regular medication while away from home on activities? \_\_\_\_\_

If so, what kind of medication, dosage and schedule? \_\_\_\_\_

Other medical and health factors such as allergies, allergies to medications, or physical limitations which should be known by the teacher in charge of an activity in which you are participating as a chaperon:

**Important:** If a serious emergency arises, it may be necessary for a physician to attend you. If you are unable to communicate or arrange for such help yourself, signing this form will allow school staff to do this for you.

**Authorization for Medical Treatment**

In case of emergency due to serious illness or accident when I am unable to express my wishes, I hereby authorize school personnel to obligate me for the services of a doctor, ambulance, and/or hospital.

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