

Medical Authorization Form Sample for Schools

A **medical authorization form** sample for schools is a crucial document that allows parents or guardians to grant permission for medical treatment of their children during school hours. It ensures that school staff can act promptly and responsibly in case of an emergency. Providing a clear and detailed authorization form helps safeguard students' health and well-being while at school.

Medical Authorization Form

Student Information

Student Name:

Date of Birth:

Grade/Class:

Parent/Guardian Information

Parent/Guardian Name:

Contact Number:

Email Address:

Medical Information

Known Allergies:

Current Medications:

Relevant Medical Conditions:

Primary Physician Name & Contact:

Insurance Provider & Policy Number:

Authorization

I, the undersigned, authorize the school staff and assigned medical professionals to administer necessary medical care to my child in the event

of an illness, injury, or medical emergency during school hours or while participating in school activities. I understand that every effort will be made to contact me, but in my absence, this authorization allows necessary emergency treatment to be administered as deemed appropriate by school authorities and medical personnel.

Parent/Guardian Signature:

Date:

Submit