



Emergency/Medical Release Authorization Form

I authorize the school nurse, the registered nurse (RN) or licensed practical nurse (LPN), to talk with the physician(s) should a question come up about my child's medical conditions.

Signature of Parent/Guardian

Date

If parents or guardians cannot be reached immediately, I hereby authorize the RISE staff to act in the best interest of my child, should an emergency arise.

Signature of Parent/Guardian

Date

I understand that I will be responsible for any medical bills accrued during emergency treatment for my child if I am unavailable.

Signature of Parent/Guardian

Date