

## School City of Mishawaka EMERGENCY MEDICAL AUTHORIZATION

Student's Legal Name_				
	First	Middle	Last	
Date of Birth	School		Grade	
Address				
Mother's Name				
Cell #		Work/Secondary	#	
Father's Name				
Cell #		Work/Secondary	#	
Legal Guardian's Name	e if other than Mot	ther or Father		
Cell #		Work/Secondar	y #	
Allergies		rtant Medical Inforn		
Current Medications_				
Current or Previous H	Health Conditions_			
		ment for my child if t	they become ill or injure reached.	d while
Permission to take to	the hospital?`	Yes No		
Preferred Hospital				
Parent/Guardian Signa	ture			
D-4-				

po5341 2-2023 AP