

**Grant Park CUSD #6
Hospital Form**

Complete Name of Child _____

Child's Physician _____

Allergies _____

Medications _____

If the need were to arise for us to call for medical help because we are unable to contact you in case of an emergency, we would like to be able to transport your child to one of the following hospitals:

Riverside Medical Center	Kankakee, IL
St. Mary's Hospital	Kankakee, IL
St. Margaret Mercy Hospital	Dyer, IN

This authorizes the staff of Grant Park CUSD #6 to obtain medical care for my child at

(Name of Hospital)

when I/we cannot be immediately reached at the time of an emergency.

The staff member in charge may authorize the designated hospital, the physician, and assistants in charge of my child's care to administer necessary medications and perform such procedures as may be deemed necessary, acknowledging that no guarantees have been made as to the result of treatment or examination in the hospital.

Parent/Guardian Signature

Date