

**EMERGENCY MEDICAL AUTHORIZATION
for BUS TRANSPORTATION**

Dear Parent,

Since the Counselor Health Registration must be kept at SCICON, please fill out this second Emergency Medical Authorization form which will be kept by the classroom teacher for the bus ride home.

Thank you.

Student Name _____ Age _____ Date of Birth ___/___/___

Emergency phone number (____) _____

I hereby authorize emergency medical or surgical care at the nearest hospital, should a medical emergency arise and I am not immediately available.

Parent's or Guardian's Signature _____ Date _____