



## South Harrison Township Elementary School District

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*Dr. James Lavender*  
*Superintendent*

*Dr. Corinne Sannino*  
*Principal*

### **Authorization for Medical Treatment**

This authorization grants temporary permission to provide and arrange for medical care of a student in the event of an emergency where it may not be possible or practical to contact the parents/guardians of the student.

1. I authorize officials of South Harrison Township Elementary School District to contact directly the emergency contacts I have provided, and authorize the appropriate school personnel to render first aid as may be deemed necessary in an emergency for the health of my child.
2. In the event that parents/guardians or emergency contacts cannot be contact, the school officials are authorized to take whatever action is deemed necessary in their judgment for the health of my child, including transportation to the nearest medical emergency facility.
3. I understand that my child's health history may be shared with appropriate school personnel when necessary.

***Committed to Excellence***