



**Springfield SDA Junior Academy**  
797 State Street  
Springfield, MA 0119 Tel: 413-731-2220

**Springfield SDA Junior Academy**  
**Emergency Authorization Form for Trips**

Name: \_\_\_\_\_

Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of last Tetanus Booster: \_\_\_\_\_

Allergies to drugs or Food: \_\_\_\_\_

Special medications or pertinent information: \_\_\_\_\_

List of restrictions:

Father's Home Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Mother's Home Phone: \_\_\_\_\_ Mother's Home Phone: \_\_\_\_\_

Family Physician Name: \_\_\_\_\_

Family Phone#: \_\_\_\_\_ Physician Address &

Insurance (1) \_\_\_\_\_ Company:

Insurance (2) \_\_\_\_\_ Company:

Insurance Policy Number: \_\_\_\_\_

**Authorization to Treat Minor:**

I (we) the undersigned parent, parents or legal guardian of : \_\_\_\_\_

In case of emergency, I hereby give permission to the physician selected by the school staff to hospitalize, secure proper treatment for, and to order infection, anesthesia or surgery for my child.

As parent or legal guardian of the applicant, the above named health history stated is correct so far I know, and the person herein described has permission to engage in all prescribed activities except as noted. In addition, I have read and understand the Emergency Authorization statement, and give my full consent to the terms found therein. Permission for photo copying of the record is granted.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent Guardian