



Copper Country Intermediate School District
809 Hecla Street, Hancock, MI 49930
906-482-4250 / Fax: 906-482-1931
www.copperisd.org

2015-2016 Work-Based Training Emergency Medical Authorization Permit

In case of accident or illness of my child during training, I request the training site supervisor to contact me. Should I be unavailable, I HEREBY AUTHORIZE THE SITE SUPERVISOR TO SECURE MEDICAL TREATMENT FOR AN ACUTE EMERGENCY from the below source or from the staff of an emergency service including but not limited to emergency services of UP Health Systems-Portage, Aspirus Keweenaw Hospital or Baraga County Memorial Hospital. I understand that should a health emergency arise, I will be notified, but that if I cannot be reached by telephone, such medical treatment as deemed necessary by competent medical personal is authorized and will be paid for my myself or my insurance company.

This authorization is valid for the current 2015-2016 school year or until such time as I withdraw the authorization.

Authorized: _____
Parent/Guardian Signature *Date*

Student Name: _____
First Middle Last

School Name: _____ Job Coach Name: _____

Home Address: _____ City: _____ St. _____, ZIP: _____

Date of Birth: _____ Gender: _____

Father/Guardian Name: _____ Address: _____ Phone: _____

Place of Employment: _____ Address: _____ Phone: _____

Mother/Guardian Name: _____ Address: _____ Phone: _____

Place of Employment: _____ Address: _____ Phone: _____

Doctor Preferred: _____

Doctor Address: _____ City: _____ St. _____, ZIP: _____

Important Medical Information

Are there any known allergies to medication? _____ Yes _____ No

If Yes, to what medications: _____

Is the Child presently receiving medications: _____ Yes _____ No

If Yes, what medications and any reactions or precautions should we be aware of: _____

Has the child had previous surgery? _____ Yes _____ No If Yes, indicate surgical procedure: _____