

Please return to Margaret Lynch by September 15, 2017

**THE OVERLAKE SCHOOL FACULTY / STAFF 2017/18
MEDICAL EMERGENCY DIRECTION AND RELEASE**

In the event of a medical emergency, I, _____, direct The Overlake School to contact at least one of the following individuals (preferably in the order I have listed below) to (1) advise them of my emergency medical situation; and (2) in the event that I am unable to make decisions regarding my treatment or care, provide any authorization required to provide medical services to me.

Name	Relationship	Telephone Numbers (work, home, cellular)

In the event of emergency, you may need to know of any known medical conditions I have as well as regularly prescribed medications or any known allergies. Therefore, I provide the following information for use only for medical emergency situations:

Physician's Name: _____ Phone: _____

Name of Insurance Company: _____ ID No. _____ Group # _____

Known Allergies: _____

My _____ is kept _____
(sting kit/insulin/inhaler/other) (location)

Known medical conditions: _____

Regularly prescribed medications: _____

Date of Birth	Preferred Hospital
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In the event that I am unable to make any judgments regarding my own medical care or treatment, and in the event any of the individuals identified above are unavailable to make such judgments on my behalf, I authorize any Overlake School administrator, faculty or staff member who is present for that emergency to consent to any X-ray exam, anesthetic, medical or surgical diagnosis or treatment deemed necessary and rendered under the general or specific supervision of any licensed physician or surgeon at any licensed hospital whether such diagnosis or treatment is rendered at a office or hospital.

It is understood that I provide this authorization in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of The Overlake School to give specific consent to any and all such diagnosis, treatment or hospital care which the appropriate physician, in the best exercise of his/her judgment may deem advisable.

It is also understood that The Overlake School will hold this information confidential and only disclose this information to those individuals who need to know this information upon an emergency and that this information shall not be contained in my personnel file.

By signing this document, I also agree to release The Overlake School from any and all liability when disclosing this information and authorizing medical care or treatment consistent with this document.

Signature

Date