



Emergency Medical Authorization Form

Student's Full Legal

Name: _____
First Middle Last
AKA: _____ Date of Birth _____ Gender M F

Emergency Contact Information will be obtained from NMIS Contact Information form.

Insurance Information:

Student's Insurance: _____ Subscriber's Name: _____ ID Number _____
Medicaid/Salud ID# _____ (BCBS _____ Lovelace _____ Presbyterian _____ Molina _____ United _____
Other _____)
 Check here if No Insurance

To Grant Consent:

In case of an emergency involving my child and I cannot be reached, I hereby consent to transport my child to the following medical care providers and hospital and authorize these providers and hospital to give any reasonable and customary medical and health care deemed necessary:

Doctor _____ Phone Number _____
Dentist _____ Phone Number _____
Hospital _____ Phone Number _____

If, for any reason, the listed medical care providers or hospital cannot be reached, by signing this form, I authorize appropriate transport and medical care of my child to any appropriate medical care provider, hospital or medical facility. This authorization does not cover major surgery unless one other doctor/dentist concurs to the need.

Nothing in this section shall be construed to impose liability on any school official or school employee who, in good faith, attempts to comply with this section. It is understood that I will be financially responsible for all emergency care.

Parent/Guardian Signature

Date

Student ID# _____

NEW MEXICO INTERNATIONAL SCHOOL

A free, public, K-6 charter school

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