

EMERGENCY MEDICAL AUTHORIZATION



PLEASE PRINT

Student Name: _____

Address: _____

City: _____ Zip: _____

The purpose of this form is to enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured under school authority when parent or guardian cannot be reached. This form must be completed in order to grant consent. Part I or II must be completed.

PART I: TO GRANT CONSENT

A reasonable attempt will be made to contact.....

Father's Name: _____ Phone: _____

Mother's Name: _____ Phone: _____

Alternate person(s) to be notified in case neither parent can be reached:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

MEDICAL PROVIDER INFORMATION

Physician to be called: _____ Phone: _____

Dentist to be called: _____ Phone: _____

Optical Specialist to be called: _____ Phone: _____

In the event reasonable attempts to contact have been unsuccessful, I hereby give consent for: (1) the administration of any treatment deemed necessary by medical personnel or, in the event the designated practitioner is not available, by another licensed physician, dentist, or optical specialist; (2) the transfer of the child to any hospital reasonably accessible.

Preferred Local Hospital: _____

This authorization does not cover major surgeries unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for surgery, are obtained before the surgery is performed.

Please list any facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted:

I consent to the participation of the above named student in the interscholastic program.

Signature of Parent/Guardian _____ Date _____

PART II: REFUSAL TO CONSENT:

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency medical treatment, I wish the school authorities to take **NO ACTION** or to: *(please specify details as to reason).*

Signature of Parent/Guardian _____ Date _____