

EMERGENCY MEDICAL AUTHORIZATION

PLEASE PRINT

Student Name: _____

Address: _____

City: _____ Zip: _____



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

****Part I or Part 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/guardian can be reached:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ 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