

School: \_\_\_\_\_ Sport(s): \_\_\_\_\_

# EMERGENCY MEDICAL AUTHORIZATION FORM

Student's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Purpose:** *To enable parents and/or guardians to authorize the provision of emergency treatments to children who become ill or injured under school authority, when parents or guardians cannot be reached.*

## **Residential Parent or Guardian**

Mother's name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Father's name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Other's name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

**Name of relative or child care provider:** \_\_\_\_\_

Relationship: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Part I or Part II MUST BE COMPLETED.**

## **Part I: TO GRANT CONSENT**

*I hereby give consent for the following medical care providers and local hospital to be called:*

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Local Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for:

1. the administration of any treatment deemed necessary by the above named Doctor, Dentist or Medical Specialist, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and
2. the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to surgery.

**PLEASE NOTE:** Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted are as listed:

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

## **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 treatment, I wish the school authorities to take the following action:*

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_