

***Athletic Emergency Medical Authorization***

Student name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Purpose - To enable parents and guardians to authorize the provisions of emergency treatment for children who become ill or injured under school authority, when parents or guardians cannot be reached.

***PART I TO GRANT CONSENT***

In the event reasonable attempts to contact me \_\_\_\_\_ at \_\_\_\_\_  
(Parent / Guardian)

\_\_\_\_\_ or at \_\_\_\_\_ or \_\_\_\_\_ at \_\_\_\_\_  
(Primary Phone) (Other Phone) (Other Parent/Guardian)

\_\_\_\_\_ or at \_\_\_\_\_ have been unsuccessful, I hereby  
(Primary Phone) (Other Phone)

give my consent for the administration of any treatment deemed necessary by my preferred physician Dr. \_\_\_\_\_ at \_\_\_\_\_ or my preferred  
(Phone Number)

Dentist Dr. \_\_\_\_\_ at \_\_\_\_\_ or in the event the  
(Phone Number)

designated practitioner is not available by another licensed physician or dentist; and the transfer of the child to my preferred hospital \_\_\_\_\_ or any hospital reasonably accessible. This authorization does not cover major sugary unless the medical opinions of two other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_  
Signature of Parent or Guardian

***Part II Refusal Consent***

I do not give my consent for emergency treatment medical treatment of my child. In the event of illness requiring emergency treatment, I wish the school authorities to take no action or to \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_  
Signature of Parent or Guardian