

2017-2018

SS Philip and James Sports
EMERGENCY MEDICAL AUTHORIZATION

Student: _____ Grade and Room: _____

Address: _____

Home Phone: _____

Mothers' Name: _____ Work Phone: _____ Cell Phone: _____

Fathers' Name: _____ Work Phone: _____ Cell Phone: _____

Alternate Persons to Contact: (People to contact if your child is ill and neither parent can be reached.)

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments or medical condition which the coach, teacher or an emergency physician should know.

Purpose: To enable parents or guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority when parents or guardians cannot be reached. I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____ Phone _____

Dentist _____ Phone _____

Medical Specialist _____ Phone _____

Local Hospital _____

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 above-named doctor, 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 the performance of such surgery. Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Signature _____ Date _____

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

Signature _____ Date _____