

22-23

EMERGENCY MEDICAL



EMERGENCY MEDICAL AUTHORIZATION DEFIANCE HIGH SCHOOL ATHLETICS

STUDENT NAME : _____

BIRTH DATE : _____

SCHOOL :

HIGH SCHOOL

JUNIOR HIGH

COMPLETE EITHER PART I or PART II (ON BACK)

PART I TO GRANT CONSENT

To enable parents and guardians to authorize emergency treatment for children who become ill or injured while under school authority and parents or guardian cannot be reached.

PARENTAL INFORMATION

PARENT / GUARDIAN NAME _____

HOME ADDRESS _____

PLACE OF EMPLOYMENT _____

1ST PHONE NUMBER TO CALL _____

ALTERNATE NUMBER TO CALL _____

MEDICAL INFORMATION

PREFERRED HOSPITAL / CLINIC _____

PREFERRED PHYSICIAN NAME _____

PHONE NUMBER _____

PREFERRED DENTIST _____

PHONE NUMBER _____

ALLERGIES / MEDICATIONS _____

BLOOD TYPE _____

INSURANCE INFORMATION

INSURANCE CO. NAME _____

INSURANCE CO. ADDRESS _____

POLICY NUMBER _____

GROUP NUMBER _____

WAIVER

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

- 1. the administration of any treatment deemed necessary by my preferred physician or dentist, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist*
- 2. the transfer of the child to my preferred hospital/ clinic or any reasonably accessible hospital/clinic.*

THIS AUTHORIZATION DOES NOT COVER ANY MAJOR SURGERY UNLESS THE MEDICAL OPINIONS OF TWO OTHER LICENSED PHYSICIANS OR DENTISTS ARE OBTAINED PRIOR TO THE PERFORMANCE OF SURGERY

***** PART II REFUSAL OF CONSENT ON BACK**

SIGNATURE OF PARENT OR GUARDIAN

DATE

91-81

PART IIREFUSAL TO CONSENT

DO NOT COMPLETE THIS PART IF YOU COMPLETED PART I

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 to have the school authorities to take no action or to:

PARENT NAME _____

PARENTS ADDRESS _____

FIRST PHONE NUMBER TO CALL _____

ALTERNATE NUMBER TO CALL _____

PARENTS/GUARDIAN SIGNATURE / DATE