

**NAGEL MIDDLE SCHOOL ATHLETICS
EMERGENCY MEDICAL AUTHORIZATION (2010-2011)**

Student Name: _____ Grade: 7 8

Address: _____ Zip: _____

Phone: _____ Sport: _____

Purpose – To enable parents and guardian 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. THIS FORM IS TO BE COMPLETED EACH SEASON OF PARTICIPATION.

PART 1 – TO GRANT CONSENT

Residential Parent or Guardian

Mother's Name: _____ Daytime Phone: _____

Father's Name: _____ Daytime Phone: _____

Other Family Contact: _____ Daytime Phone: _____

Name of Relative or Child Care Provider in case of Emergency: _____

Relationship: _____ Address: _____ Phone: _____

Doctor to be called: _____ Phone: _____

Dentist to be called: _____ Phone: _____

Medical Specialist (if any): _____ 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, 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. Preferred local hospital: _____

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, medication being taken, and any physical impairments to which a physician should be alerted:

Date: _____ Signature of Parent/Guardian: _____

PART 2 – 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 no action.

Date: _____ Signature of Parent/Guardian: _____
Address: _____