

GRANDVIEW HEIGHTS CITY SCHOOLS ATHLETIC DEPARTMENT
Emergency Medical Authorization Form

School _____ Student Name _____
Address _____
Zip _____
Telephone _____
Parents' Email Address _____

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for students/athletes who become ill or injured while under school authority, when parents or guardians cannot be reached.

Residential Parent or Guardian:

Mother's Name _____ Daytime Phone _____
Evening Phone _____
Father's Name _____ Daytime Phone _____
Evening Phone _____
Name of Relative or
Childcare Provider _____ Relationship _____
Address _____ Daytime Phone _____
Evening Phone _____

PART I OR 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:

Physician _____ Phone _____
Dentist _____ Phone _____
Medical Specialist _____ Phone _____
Local Hospital _____ Emer. Room 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 above named doctors, 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 medical opinions of two other licensed physicians or dentists, concurring in the necessity of such surgery, are obtained prior to the performance of such surgery.

<p><i>Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician/athletic trainer should be alerted:</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

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

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 emergency treatment, I wish the school officials to take the following action:

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