

PLEASE USE INK AND PRINT CLEARLY – fill out BOTH SIDES of form

EVERY STUDENT PARTICIPATING IN SPORTS AT WT NEEDS THIS FORM ON FILE IN THE ATHLETIC OFFICE.

ATHLETIC EMERGENCY MEDICAL AUTHORIZATION FORM

SCHOOL _____ STUDENT NAME _____

STUDENT ADDRESS _____ STUDENT BIRTHDATE _____ GRADE _____

Purpose – To enable parents and 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.

Residential Parent or Guardian: (please put first and last name) **Parent/Guardian Primary Phone:** _____

Parent/Guardian E-Mail: _____

Mother's Name _____ Cell phone _____

Father's Name _____ Cell phone _____

Name of Relative or Childcare Provider we may contact: _____

Address _____ Relationship _____

_____ Daytime phone _____

Part I or II MUST be completed.

Part I – To Grant Consent

I hereby give my consent for the following medical care providers and local hospital to be called in the event I cannot be reached:

Physician _____ Phone _____

Dentist _____ Phone _____

Medical Specialist _____ Phone _____

Local Hospital _____ Emergency 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-mentioned 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 the medical opinions of two (2) 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 the physician should be alerted: **Wears contacts/glasses (circle one)**

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

Address _____



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 authorities to take the following action:

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

Address _____