

## Part I—Emergency Medical Authorization

**Purpose:** For parents/guardians to authorize emergency treatment for children who become ill or injured while under school authority, when parents cannot be reached.

For: \_\_\_\_\_  
Name of Athlete

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Name of School \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Work Telephone # \_\_\_\_\_

In the event reasonable attempts to contact me \_\_\_\_\_ (parent/guardian) are unsuccessful, I (We), the undersigned parent/legal guardian of \_\_\_\_\_, do authorize any hospital, clinic, or licensed physician to treat my/our child and administer any x-ray examination, anesthetic, or surgical diagnosis rendered under the general or special supervision of any member of the medical staff of the hospital, clinic, or office.

Our preferred physician is \_\_\_\_\_ whose phone # is \_\_\_\_\_. Our preferred dentist is \_\_\_\_\_ whose phone # is \_\_\_\_\_. Our preferred hospital is \_\_\_\_\_.

In the event the designated preferred practitioner is not available, we authorize in advance another licensed physician or dentist the authority and power to render care in his/her best judgment and the transfer of the child to any hospital reasonably accessible. It is also understood that every effort shall be made to contact the parent/legal guardian prior to rendering treatment to the patient, but that treatment will not be withheld if the parent/guardian cannot be contacted. Permission is also granted for the school's athletic trainer or coach to provide emergency treatment to my/our child prior to his/her admission to any medical facility.

\_\_\_\_\_  
Signature of Parent/Guardian

Date \_\_\_\_\_

List of restrictions/physical impairments:

List of special medications taken by child:

**Athletic Department**