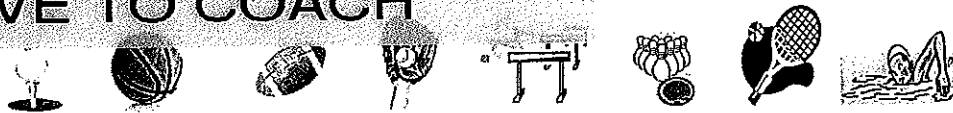


GIVE TO COACH



2013-2013 EMERGENCY MEDICAL AUTHORIZATION ATHLETIC DEPARTMENT

STUDENT _____ ADDRESS _____ ZIP _____

PHONE _____ SCHOOL: HS MS ELEM 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/GUARDIAN (Student will only be released to contacts listed below)

Mother's Name _____ Cell _____ Work _____

Father's Name _____ Cell _____ Work _____

Other Contact _____ Relationship _____ Phone _____

If the student is not living with either natural parent, please complete the following:

Student is living with: _____

Name Relationship Phone

Address _____

Street City State Zip

****COMPLETE PART I OR PART II, BUT NOT BOTH****\

Part I-To Grant Consent:

I hereby give consent for the following medical care providers and local hospital to be called:

PHYSICIAN _____ PHONE: _____

MEDICAL SPECIALIST _____ PHONE: _____

DENTIST _____ PHONE: _____

LOCAL HOSPITAL _____ 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 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, medications being taken and any physical impairment to which a physician should be alerted:

Parent/Guardian Signature _____ 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 to take the following actions:

Parent/Guardian Signature _____ Date _____