

**EMERGENCY MEDICAL AUTHORIZATION
INDIAN LAKE ATHLETIC DEPARTMENT**

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.

Student Name _____ Address _____

Telephone Number _____

Building Attended _____ Birthdate _____

Residential Parent or Guardian

Mother _____ Home Phone _____ Work Phone _____

Emergency Phone _____ Email Address _____

Father _____ Home Phone _____ Work Phone _____

Emergency Phone _____ Email Address _____

Relative or childcare provider _____ Relationship _____ Phone _____

Address _____

Other Name _____ Relationship _____ 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:

Doctor _____ Phone _____

Dentist _____ Phone _____

Medical Specialist _____ Phone _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give consent for (1) the administration of any treatment deemed necessary by above named doctor, 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 of such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history, including allergies, medications being taken, time taken and any physical impairments to which a physician should be alerted: _____

Date _____ Signature of Parent or Guardian _____

DO NOT COMPLETE PART II IF YOU COMPLETED PART I
PART II (Refusal of 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: _____

Date _____ Signature of Parent or Guardian _____