

DEFIANCE HIGH SCHOOL ATHLETIC DEPARTMENT  
EMERGENCY MEDICAL AUTHORIZATION

Student Name (Full Name) \_\_\_\_\_

Birthdate \_\_\_\_\_

School Attending \_\_\_\_\_

PURPOSE: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority and the parents or guardians cannot be reached.

COMPLETE EITHER PART I OR PART II (ON THE BACK)

PART I  
TO GRANT CONSENT

Parents' or Guardians' full names and address

Parents' or guardians' place of employment  
and address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number to be reached \_\_\_\_\_

Alternate phone number to be reached \_\_\_\_\_

Preferred physician and phone number \_\_\_\_\_

Preferred dentist and phone number \_\_\_\_\_

Preferred hospital \_\_\_\_\_

Allergies, medications being taken, or any physical impairments to which a physician should be alerted

\_\_\_\_\_  
\_\_\_\_\_

Blood type (if known) \_\_\_\_\_

INSURANCE

Name of company and address \_\_\_\_\_

Policy number \_\_\_\_\_

Group number \_\_\_\_\_

In the event reasonable attempts to contact me at the phone numbers listed below have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by my preferred physician or dentist, 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 my preferred hospital or any hospital reasonably accessible. This authorization does not cover any major surgery unless the medical opinions of two other licensed physicians or dentists are obtained prior to the performance of such surgery.

\_\_\_\_\_  
Signature of parent or guardian and date

DO NOT COMPLETE PART II IF YOU COMPLETED PART I

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 to have the school authorities take no action or to:

\_\_\_\_\_

\_\_\_\_\_

Parents or guardians' full names and address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number to be reached \_\_\_\_\_

Alternate phone number to be reached \_\_\_\_\_

\_\_\_\_\_  
Signature of parent or guardian and date