



SPORT: _____ SEASON: _____ SCHOOL YEAR: _____

WOODRIDGE ATHLETIC DEPARTMENT
**EMERGENCY MEDICAL
AUTHORIZATION FORM**

STUDENT: _____ **GRADE:** _____

ADDRESS: _____

CITY: _____ **ZIP:** _____

HOME PHONE: _____

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:

MOTHER'S INFORMATION:

Name: _____

WORK PHONE: _____

CELL PHONE: _____

EMAIL: _____

FATHER'S INFORMATION:

Name: _____

WORK PHONE: _____

CELL PHONE: _____

EMAIL: _____

LIST STUDENT MEDICAL CONTITIONS:

EMERGENCY CONTACTS

1). _____ RELATIONSHIP: _____

HOME PHONE: _____ CELL PHONE: _____

2). _____ RELATIONSHIP: _____

HOME PHONE: _____ CELL PHONE: _____

3). _____ RELATIONSHIP: _____

HOME PHONE: _____ CELL PHONE: _____

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: _____

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-names 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 dentist, 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, and any physical impairments to which a physical or coach should be alerted:

SIGNATURE OF PARENT: _____ DATE: _____

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, instead I wish the school authorities to take the following action: _____

SIGNATURE OF PARENT: _____ DATE: _____