EMERGENCY MEDICAL AUTHORIZATION
WARREN LOCAL BANDS 2008-2009

Student Name: _____ **Grade:**_____ **DOB:**_____ **Email:**_____
Address:_____ **Day Phone:**_____ **Evening Phone:**_____

Purpose **– To enable parents/guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority when parents/guardians cannot be reached.**

RESIDENTIAL PARENT/GUARDIAN

MOTHER'S NAME: _____ **PHONE:** _____
First Last
FATHER'S NAME: _____ **PHONE:**_____
First Last
OTHER'S NAME: _____ **PHONE:** _____
First Last

NAME OF RELATIVE/CHILDCARE PROVIDER: _____ **RELATIONSHIP**:_____
ADDRESS_____ CITY _____ ZIP_____
DAY PHONE:_____ EVENING PHONE:_____

TO GRANT CONSENT GIVEN BY PARENT/GUARDIAN:

The following medical care providers may be called if necessary:

Physical:_____ Phone:_____
Dentist:_____ Phone:_____
Local Hospital:_____ Phone:_____
Medical Specialist:_____ Phone:_____

I hereby consent for my child (1) the administration of any treatment deemed necessary by the above-named doctors, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) transfer 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.

MEDICAL INFO: (Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted. PLEASE LIST ANY CHRONIC, UNUSUAL OR ALLERGIC CONDITIONS WHICH WE NEED TO BE AWARE OF AND WHICH REQUIRE SPECIFIC MEDICAL ASSISTANCE. _____

_____

PARENT/GUARDIAN SIGNATURE:_____ **DATE:**_____

REFUSAL TO CONSENT:

I **DO NOT** give consent for my child to receive emergency medical treatment. In such event, please take the following action: _____
_____
_____

PARENT/GUARDIAN SIGNATURE:_____ **DATE:**_____

STATE OF OHIO
COUNTY OF WASHINGTON
Acknowledged before me this _____ day of _____, _____ by _____
My commission expires:_____

_____
NOTARY PUBLIC

(SEAL)

5 points will be deducted from student's grade for every day this form is late

Form Due 8/1/08