

HUBER HEIGHTS CITY SCHOOLS EMERGENCY MEDICAL AUTHORIZATION

Student' Name _____ Sport/Activity _____
Address _____ Telephone _____
School Attending _____

PURPOSE – To enable parents and guardian 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.

Signature of Parent or Guardian _____ Date _____
Address _____

PART I OR II MUST BE COMPLETED

PART I TO GRANT CONSENT

In the event reasonable attempts to contact me at _____ (phone number) or _____ (other parent or guardian) at _____ (phone number) have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by Dr. _____ (preferred physician) or Dr. _____ (preferred dentist) or, in the event the designated preferred practioner is not available, by another licensed physician or dentist and (2) the transfer of the child to _____ (preferred hospital) or 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 impairments to which a physician should be alerted: _____

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 the school authorities to take no action or to _____

SPORT _____

To School Officials:

I give my permission for my son/daughter _____,
grade _____, to participate in interscholastic athletics. I do not want him/her
covered by the school insurance as I already have him/her adequately covered with insurance.

Name of Insurance Company _____

This waiver will allow your son/daughter to participate in sports. If you do not want him/her to
participate please indicate _____.

I agree by this waiver to take care of all athletic expenses and will not hold school officials liable
for any athletic injuries or accidents that may occur going to or coming from or while engaged in
an athletic event.

Signature of:

Parent/Guardian _____ Address _____

Telephone number _____ Date _____