

**EMERGENCY MEDICAL AUTHORIZATION**

Student's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Parents/Guardians \_\_\_\_\_

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

**\*\*Part I OR Part II MUST BE COMPLETED\*\***

**Part I – TO GRANT CONSENT**

In the event reasonable attempts to contact \_\_\_\_\_ (parent/guardian) at:

HOME \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

or reasonable attempts to contact \_\_\_\_\_ (other parent/guardian) at:

HOME \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

have been unsuccessful, I hereby give my consent for:

1. The administration of any treatment deemed necessary by Dr. \_\_\_\_\_ (preferred doctor) or another licensed physician or dentist, if preferred practitioner is not available.

2. The transfer of the student to \_\_\_\_\_ (preferred hospital) or any other hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist concur on the necessity for such surgery before the performance of such surgery. Facts concerning the child's medical history include allergies, medications being taken, and any physical impairment to which a physician should be alerted.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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**\*\*DO NOT COMPLETE PART II IF YOU HAVE COMPLETED PART I\*\***

I do not give my consent for emergency action to be taken. Should illness or injury requiring emergency treatment occur, I wish the school authorities to take no action or to:

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

**Part II – REFUSAL TO CONSENT**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

**(PLEASE COMPLETE REVERSE SIDE)**

TWINSBURG CITY SCHOOL DISTRICT  
ATHLETIC DEPARTMENT  
10084 Ravenna Road  
Twinsburg, OH 44087

AGREEMENT OF RISK

My child and I are aware that participating in \_\_\_\_\_ is a potentially hazardous activity. I assume all risks associated with participation in this sport including, but not limited to, falls, contact with other participants, and other reasonable risk conditions associated with the sport. I waive all rights to financial assistance for medical and/or hospitalization expense incurred by my child while involved in any phase of athletic participation. I assume responsibility for payment of any and all expenses for treatment of such occurrences.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_