

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 or 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 _____ (parents/guardians) at:

HOME or WORK PHONE

PAGER

CELL PHONE

or _____ (other parents/guardians) at:

HOME or WORK PHONE

PAGER

CELL PHONE

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 _____

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

Part II – REFUSAL TO CONSENT

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:

Parents/Guardians 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 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's Signature _____

Date _____

Parent's or Guardian's Signature _____

Date _____