

MILTON JR.-SR. HIGH SCHOOL \*\* To be Kept in Med Kit Please complete all information

EMERGENCY MEDICAL AUTHORIZATION Sport \_\_\_\_\_ Year \_\_\_\_\_

Part 1

This form must be made available to the coach at all team practices and contests for each team member to insure proper medical treatment by physicians or hospital in the event of serious injury.

Athlete's Name \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

Email address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

In the event the parents cannot be contacted, please contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

(Student accident insurance forms are available in the athletic office for students needing coverage)

Subscriber's Name \_\_\_\_\_

Please list any medical conditions, allergies your child has \_\_\_\_\_

Is your child on any medication? Please specify \_\_\_\_\_

Does your child wear contacts? \_\_\_\_\_ Date of Student's Last Physical Exam \_\_\_\_\_  
glasses? \_\_\_\_\_ Date of Student's Last Tetanus Shot \_\_\_\_\_

I hereby give consent for medical treatment deemed necessary by physicians designated by school authorities and/or to transport to a hospital emergency room for treatment for any illness or injury occurring during participation.

Preferred physician \_\_\_\_\_ Preferred hospital \_\_\_\_\_

I understand this authorization will only be enforced when I cannot personally be contacted and provide for immediate treatment.

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

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Part II — REFUSAL TO CONSENT — (Do not complete if you completed Part 1)

I do not give 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:

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