

OUR LADY OF PERPETUAL HELP ATHLETIC ADVISORY BOARD EMERGENCY MEDICAL FORM

Participant name: _____ Address: _____

Home Phone: _____ Grade: _____

Father/Guardian: _____ Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Mother/Guardian: _____ Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

In the event the participant becomes ill during the sports activity and does not need medical attention, please provide at least two contacts (i.e. relative, neighbor, child care provider, etc.) that should be contacted in case the parents/guardians cannot be contacted.

Contact: _____ Relationship: _____ Phone: _____

Contact: _____ Relationship: _____ Phone: _____

EMERGENCY MEDICAL AUTHORIZATION

(State of Ohio Revised Code Section 3313.712)

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under the supervision of a sports coach.

PART I OR PART II MUST BE COMPLETED.

PART I: TO GRANT CONSENT:

I hereby give consent for the following medical care providers and local hospital to be called:

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Medial Specialist: _____ Phone: _____

Local Hospital: _____ Emergency Room Phone: _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child 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 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 impairment to which a physician should be alerted:

Signature of Parent/Guardian: _____ Date: _____

DO NOT COMPLETE PART II IF YOU COMPLETED PART 1

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 the following action:

Signature of Parent/Guardian: _____ Date: _____