

EMERGENCY MEDICAL AUTHORIZATION FORM

The OHSAA requires that all student-athletes must have an emergency medical form on file in order to participate in interscholastic athletics. You must fill out this form and have a current physical on file before you are allowed to tryout for any sport.

School: _____ Student Name _____
Grade _____ Address _____
Date of Birth _____ Zip _____
Gender Male ___ Female ___ Telephone _____

PURPOSE: To enable parents and guardians 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.

Residential Parent or Guardian:

Mother's Name _____ Daytime Phone _____
Father's Name _____ Daytime Phone _____
Other's Name _____ Daytime Phone _____

Name of Relative or Childcare Provider:

Address _____ Relationship _____
Daytime Phone _____

MUST BE COMPLETED

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

Doctor _____
Phone _____
Dentist _____
Phone _____
Preferred Local Hospital _____
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 the above-named doctor, or, in the event the designated practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital 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.

Please list any facts concerning the child's medical history including allergies, medications being taken, current medical conditions, and any physical impairment to which the school and a physician should be alerted.

Parent Signature: _____