

Lewis Mills Emergency Medical Authorization Form

(update June 2016)

I/We give our permission for _____, class of _____ to participate in _____, realizing that such activity involves the potential for injury that is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis, or even death.

Parent(s)/Guardian(s): _____ Home Phone(s): _____

Mother Address: _____

Father Address: _____

Business Phone – Mother: _____ Business Phone – Father: _____

Cell Phone – Mother: _____ Cell Phone – Father: _____

Additional Parent/Guardian Contact Information: _____

Doctor's Name and Address: _____

Doctor's Phone: _____

Dentist's Name and Address: _____

Dentist's Phone: _____

Person(s) to contact if we are unable to contact parent/guardian in case of emergency:

1) Name: _____ Address: _____ Phone: _____

Cell Phone(s): _____

2) Name: _____ Address: _____ Phone: _____

Cell Phone(s): _____

Choice of hospital _____

Emergency Medical Authorization

Please sign and date either Part I or Part II:

Part I

In the event that reasonable attempts to contact me [parent/guardian] or the other name(s) listed above have been unsuccessful, I hereby give my consent for the administration of any emergency treatment necessary by the available licensed physician or dentist. This consent does not cover major surgery unless the medical opinions of two other licensed physicians or dentists are obtained prior to the performance of such surgery.

Part II

I DO NOT give my consent for any emergency treatment for my child. In the event of illness or injury requiring treatment, I wish the school authorities to:

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date