

# Emergency Medical Authorization Form

## Union Local Athletics

Building \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

### Student Information

Student Name \_\_\_\_\_ Student Birth Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Student Address \_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_ Cell Phone \_\_\_\_\_

### Health Information

Allergies \_\_\_\_\_

Preferred treatment for allergies \_\_\_\_\_

(If this includes medication of any type, please send a supply to the school nurse)

Chronic medical problems \_\_\_\_\_

Medication taken every day \_\_\_\_\_

Prior hospitalizations/surgeries \_\_\_\_\_

Other health information the nurse should know \_\_\_\_\_

(Please attach note if health history is lengthy)

### Contact Information (Should your child become ill at school and we can't reach the parent/guardian)

Please list contact information in the order you would like the calls to be made:

Name	Relationship	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

### Insurance Information

\_\_\_\_\_ My child **does not** have insurance      \_\_\_\_\_ My child **does** have insurance.

Name of the insurance company \_\_\_\_\_ Policy Number \_\_\_\_\_

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

Physician \_\_\_\_\_ Phone(    ) \_\_\_\_\_

Dentist \_\_\_\_\_ Phone(    ) \_\_\_\_\_

Emergency Room

Local Hospital \_\_\_\_\_ Phone(    ) \_\_\_\_\_

**I give permission for school personnel to administer Tylenol or Tums as needed. Yes \_\_\_ No \_\_\_**

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 doctors, 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 performance of such surgery.