

Students

Exhibit - Authorization for Medical Treatment

To be submitted to the Superintendent. (please print)

Student Sport/Activity

Parent/Guardian Home phone

Home address Cell phone

Physician Physician phone

Medical Information: (list allergies, medications, conditions and any known restrictions)

In the event of a medical emergency and if reasonable attempts to contact me using the telephone numbers listed above are unsuccessful:

I, as parent or legal guardian of the above student, do hereby authorize treatment by a licensed medical physician of my child in the event of a medical emergency that, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. I understand that transfer of my child to any hospital reasonably accessible will be at my expense.

Parent/Guardian Signature Date