Students

Exhibit - Authorization for Medical Treatment

(Please print, sign, and return to your coach or activity sponsor.)

Student	Sport(s)/Activities
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:

1. Treatment by a licensed medical physician of my child/ward 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, and
2. Transfer of my child/ward to any hospital reasonably accessible at my expense.
3. This authorization is effective during the entire 2017-18 school year.

Parent/Guardian signature	Date

Superintendent Review January, 2011
Superintendent Review May, 2012
Superintendent Review April, 2014