

JEFFERSON AREA LOCAL SCHOOLS
JEFFERSON AREA JUNIOR/SENIOR HIGH SCHOOL
EMERGENCY MEDICAL AUTHORIZAITON

Student Name

Telephone (Home)

Address

Grade

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 guardian cannot be reached.

(PART I or PART II must be completed)

PART I TO GRANT CONSENT

In the event reasonable attempts to contact:

Name-Parent/Guardian at _____ Phone number _____

Other-Parent/Guardian at _____ Phone number _____

have been unsuccessful, I hereby give my consent for: 1.) the administration of any treatment deemed necessary by Dr. _____ (preferred physician) or Dr. _____ (preferred dentist), 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 _____ (preferred hospital) or 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 the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Date Signature of Mother/Guardian Signature of Father/Guardian

Do not complete Part II if you completed Part I

PART II REFUSAL TO CONSENT

I do *not* give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to:

Date Signature of Mother/Guardian Signature of Father/Guardian

JEFFERSON AREA JUNIOR/SENIOR HIGH SCHOOL
EMERGENCY RELEASE FORM
AND
STUDENT & PARENT VERIFICATION FORM

I. My son/daughter _____ has my permission to engage in interscholastic athletics for the school year 20___/20___ and to make such trips as may be necessary by those teams.

II. I hereby, give my consent for _____ to engage in High School Athletic programs at the Jefferson Area High School. I certify that he/she is covered by insurance _____ / _____ should an accident resulting in injury occur.

In the event of injury, I give my consent for emergency treatment by our team physician. I understand that after emergency treatment is given, he/she may be taken to the family doctor.

III. I have read and understand and will abide by the athletic rules and regulations (Extracurricular/Co-Curricular Guidelines). I have also been versed on any individual rules and regulations as given to the participant by the coach/advisor of the program.

Parent's Signature _____ Date _____

Student's Signature _____ Date _____

(please complete side #2 also)
(OVER)