

**Athletic Emergency Medical Authorization**

**Grace Christian School, 7510 East Broad Street, Blacklick, OH 43235**

**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 guardians cannot be reached. This form is for use by the Athletic Department only, a separate emergency medical authorization is required to be on file in the school clinic.**

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone \_\_\_\_\_

**\*\*\*Medical Alert\*\*\***

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

\_\_\_\_\_  
\_\_\_\_\_

In the event of a medical emergency during school events, school personnel will attempt to contact the adults noted below in the order given. These adults should be able to pick up an ill student from school, a practice, or a game. A copy of this form is kept by the athletic trainer and coaching staff and accompanies students on all trips. **LEGALLY RESPONSIBLE ADULTS AND OTHER EMERGENCY CONTACTS FOR MY SON/DAUGHTER ARE AS**

**FOLLOWS:**

1. (Person filling out form) \_\_\_\_\_ Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_
2. (Other adult) \_\_\_\_\_ Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_
3. (Other adult) \_\_\_\_\_ Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

**PART I or PART II BELOW MUST BE COMPLETED!**

Purpose: When legally responsible adults cannot be reached, please indicate below the authorization of medical treatment for children who become ill or injured while under school authority.

**PART I: TO GRANT CONSENT**

In the event reasonable attempts to contact the above named responsible adult(s) have been unsuccessful, I hereby DO GIVE my consent for: 1) administration of any treatment deemed necessary by named practitioners or, in the event the designated preferred practitioner is not available, by another licensed practitioner; 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 practitioners concur in the necessity for such surgery and are obtained prior to the performance of such surgery.

Physician \_\_\_\_\_  
Phone \_\_\_\_\_  
Dentist \_\_\_\_\_  
Phone \_\_\_\_\_  
Medical Specialist \_\_\_\_\_  
Phone \_\_\_\_\_  
Local Hospital \_\_\_\_\_  
Phone \_\_\_\_\_

**SIGNATURE OF LEGALLY RESPONSIBLE ADULT** \_\_\_\_\_  
Date \_\_\_\_\_

**PART II: REFUSAL OF CONSENT**

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

\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE OF LEGALLY RESPONSIBLE ADULT** \_\_\_\_\_  
Date \_\_\_\_\_

**SPORTS INSURANCE INFORMATION**

Grace Christian School requires that all athletes participating in extra-curricular sports be covered by health insurance. Below, please initial if this is correct :

\_\_\_\_\_ My child is currently covered under family health insurance.

Carrier \_\_\_\_\_ Policy number \_\_\_\_\_