

OUR LADY OF THE ELMS HIGH SCHOOL
EMERGENCY MEDICAL AUTHORIZATION FORM
PLEASE COMPLETE AND RETURN

STUDENT

ADDRESS

<u>Sports Season</u>	
<input type="checkbox"/>	FALL
<input type="checkbox"/>	WINTER
<input type="checkbox"/>	SPRING
check all that apply	

TELEPHONE

(home)

(cell)

(work)

Purpose - To enable parents/guardians to authorize the provision of emergency treatment for athlete who becomes ill or injured while under school authority, when parents/guardians cannot be reached.

Residential Parent or Guardian

Mother's Name

first

last

Daytime Phone

Father's Name

first

last

Daytime Phone

Other's Name

first

last

Daytime Phone

Name of Relative or Childcare Provider in Case Parent / Guardian cannot be reached.

NAME

Relationship

ADDRESS

Daytime Phone

CITY

ZIP

SEE REVERSE SIDE

PART I: TO GRANT CONSENT

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

PHYSICIAN _____ PHONE _____

DENTIST _____ PHONE _____

MEDICAL SPECIALIST _____ PHONE _____

LOCAL HOSPITAL _____ PHONE _____

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 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 Parent / Guardian _____

ADDRESS _____

ZIP

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 the following action:

DATE _____

SIGNATURE Of Parent / Guardian _____

ADDRESS _____

ZIP

ATHLETIC CONSENT AND RELEASE

We do hereby acknowledge that we have been fully advised, cautioned and warned by the proper administrative and coaching personnel of Our Lady of the Elms High School that by participating in athletics, _____ (student/athletes' name) is exposing herself to the risk of serious injury, including but not limited to the risk of sprains, fractures and ligament and/or cartilage damage which could result in a temporary or permanent, partial or complete impairment in the use of the athlete's limbs, brain damage, paralysis, or even death.

STUDENT'S ACKNOWLEDGMENT OF RISK

Having been so cautioned and warned, and notwithstanding such warnings, I still desire to participate in athletics at Our Lady of the Elms High School during the _____ school year, acknowledging that I do so with full knowledge and understanding of the risk of serious injury to which I am exposing myself.

(Signature of student)

(Date)

PARENTS' ACKNOWLEDGEMENT OF RISK AND RELEASE

Having been so cautioned and warned, and notwithstanding such warnings, and with full knowledge and understanding of the risk of serious injury to our/my daughter named above, we/I give our/my consent for our/my daughter to participate in athletics at Our Lady of the Elms High School during the _____ school year.

We/I hereby release, discharge and otherwise indemnify the Bishop of Cleveland, the Roman Catholic Diocese of Cleveland, Our Lady of the Elms High School, including its coaches, administration, volunteers, chaperones and other related personnel, the owners of fields and facilities used for the program, providers of transportation to and from athletic contests, and game officials from all claims, judgments, and liability for damages or injuries which may result from participation in Our Lady of the Elms athletics during the _____ school year, including all risks connected therewith whether foreseen or unforeseen.

(Signature of parent/guardian)

(Date)

(Signature of parent/guardian)

(Date)

