

North Shore Summer League

Emergency Medical Authorization Form

School _____ Student Name _____

Address _____ City & Zip _____

Phone () _____

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.

Residential Parent or Guardian

Mother's Name _____ Evening Phone _____

Father's Name _____ Evening Phone _____

Other's Name _____ Evening Phone _____

Name of Relative or Childcare Provider

_____ Relationship _____

Address _____ Evening Phone _____

City _____ Zip _____

PART I OR PART II MUST BE COMPLETED

Part I To Grant Consent

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

Physician _____ Phone _____

Dentist _____ Phone _____

Medical Specialist _____ Phone _____

Local Hospital _____ Emergency Room 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 the 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 medical opinions of two other licensed physicians or dentist, concurring in the necessity for 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 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 _____