

**NELSONVILLE-YORK CITY SCHOOL DISTRICT / STUDENT ATHLETIC FORMS
EMERGENCY MEDICAL AUTHORIZATION**

Student Name: _____ Date: _____

Address: _____ Phone _____

Birth date: _____ School: Senior High Junior High

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.

PART I - TO GRANT CONSENT

In the event reasonable attempts to contact me at _____ (phone #) or _____

(other parent or guardian) at _____ (phone #), 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 the to other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery

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

(Signature of parent/guardian)

PART II - ATHLETIC INSURANCE / WAIVER

We do hereby certify that _____ is covered by an insurance policy which protects him against athletic injury incurred in participation in the inter-scholastic athletic program or intramural athletic program of the Nelsonville-York City School District

Policy Number _____ Company _____

(Signature of parent/guardian)

PART III - PARENTS' CONSENT FOR FIELD TRIP

This is to certify that - _____ (student) has my permission to make all taps to games contest tournaments during the 200_ season with the Nelsonville-York Athletic Department I understand that transportation will be of various means authorized by the Nelsonville-York City Schools Administration

(Signature of parent/guardian)

PART IV - CONSENT POR STUDENT TO PARTICIPATE IN ATHLETICS: ASSUMPIION OF MEDICAL EXPENSES.

The undersigned, parent/or guardian of _____ (student) do hereby consent to his or her participation in all interscholastic and intramural athletic programs of the Nelsonville-York City School District Board of Education during the school year 200_ to 200_ We accept full responsibility for any and all injuries which might occur to the student by reason of such participation. We also agree to pay all physicians bills, hospital expenses, ambulance fees or expenses, and all other medical or dental related bills or expenses which are not insured by our above stated policy of insurance. We. also agree to indemnify and save harmless the Nelsonville-York City School District Board of Education, the Nelsonville-York High School, and the Nelsonville-York Junior High School, and any and all persons associated with the schools and the Nelsonville-York Athletic Department for all injuries or illnesses suffered or incurred by the above student

(Signature of parent/guardian)