BEACHWOOD CITY SCHOOL DISTRICT
EMERGENCY MEDICAL AUTHORIZATION

Student Name:_____ Grade:_____
Last First

Address: _____
_____
City State Zip

Home Phone: _____ Birth Date:_____
Mother Work Phone:_____ Father Work Phone:_____
Date of last tetanus booster:_____

Non-Custodial Parent Information:

Name: _____ Phone:_____
Address: _____
_____
City State Zip

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.

TO GRANT CONSENT (must be completed)

I hereby give my consent for: (1) the administration of any treatment deemed necessary by (preferred physician) Dr._____phone_____or (preferred dentist) Dr._____

phone_____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.

Signature (Parent/Guardian):_____ Date:_____

ATTENTION: GIVE ACCURATE, UP-TO-DATE FACTS CONCERNING THE CHILD'S MEDICAL HISTORY, HEALTH STATUS, ALLERGIES AND MEDICATIONS.

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

_____

PROOF OF INSURANCE AND/OR WAIVER OF SCHOOL INSURANCE FOR INTERSCHOLASTIC ATHLETICS

_____, a student in the Beachwood School District is covered by the following medical insurance policy: _____school insurance,_____family insurance,_____special football insurance.

IF FAMILY INSURANCE, PLEASE FILL OUT THE FOLLOWING:

Name of Company:_____
Policy Number: _____Ins. Agent:_____

In the case of injury, while participating in interscholastic athletics, we parents/guardians of the above named student, will not hold the Beachwood Schools or any of the school personnel responsible for medical costs.

Signed:_____Date:_____
Address:_____