

# MOHAWK SCHOOL EMERGENCY MEDICAL AUTHORIZATION FORM

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. (Please print neatly and clearly!)

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address, City, ST, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Mother's/Guardian's Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Place \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Place \_\_\_\_\_

Other adult to whom the child can be released (if additional space is needed, please use the back of this form)

Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Place \_\_\_\_\_

Address, City, ST, Zip \_\_\_\_\_ Relationship \_\_\_\_\_

## Part 1 or Part 2 must be completed

### Part 1 – To Grant Consent

I hereby give consent for the following medical providers and local hospital to be called. 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 below named doctors, or, in the event 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 physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Medical Specialist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_ Phone \_\_\_\_\_

List below any medical alerts such as allergies, medications being taken and any physical impairment to which a physician should be alerted: \_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_  
Parent/Guardian Signature Date

### Part 2 – Refusal of Consent

I do not give my consent for emergency medical treatment of any kind for my child. In the event of emergency treatment is needed, I wish the authorities to take the following action: \_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_  
Parent/Guardian Signature Date

## Permission to Use Student Image and Receipt of Handbook for Grades K-12

My signature acknowledges receipt and awareness of the contents of the student handbook and policies held within the Handbook. I grant permission for the use of my child's name to be used with their image or likeness in school publications, videos and website.

X \_\_\_\_\_ X \_\_\_\_\_  
Parent/Guardian Signature Date

Athletes: Complete both sides of this form and return with the OHSAA Pre-Participation Physical Examination Form before the first practice of your season

**Insurance Information**

My son/daughter is covered by the insurance policy listed below in case of injuries received while participating in athletics.

\_\_\_\_\_

Insurance Company

\_\_\_\_\_

Policy Number

**Athlete Participation Contract**

By signing this contract, I am indicating that I have read the policies in the Athlete Handbook adopted by the Mohawk School Board of Education, understand those policies fully, and do hereby agree to abide by those policies. I also understand the penalties which may be assessed and my rights under those policies.

Student-Athlete Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**OHSAA Eligibility Guide for Student-Athletes**

I have read the entire OHSAA Eligibility Guide for Student-Athletes and have had the opportunity to review its contents with school administrators if I wished to do so. I understand the information contained within the bulletin and I realize that I will be expected to fulfill my responsibilities in compliance with the rules set forth. I have read and agree to the above policies while my student-athlete is in season.

Student-Athlete Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_