

**BEACHWOOD CITY SCHOOL DISTRICT
EMERGENCY MEDICAL AUTHORIZATION**

Student Name: _____ Grade: _____

Address: _____ Date of Birth: _____

_____ Last First
_____ City State Zip
Home Phone: _____ Alt. Phone: _____
Mother Cell Phone: _____ Father Cell Phone: _____
Mother Work Phone: _____ Father Work Phone: _____
Mother Email: _____
Father Email: _____

Non-Custodial Parent Information

Address: _____
_____ Street City State Zip

Home Phone: _____ Alt. Phone: _____
Email: _____

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 gaurdians cannot be reached.

TO GRANT CONSENT (Must Be Completed)

I hereby give my consent for: (1) the adminstration of any treatment deemed necessaryby (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 authourization 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 physican should be alerted _____

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

_____, a student in the Beachwood City 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 Insurance Company: _____

Policy Number: _____ Insurance Agent: _____

In 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: _____