

**LONDON ATHLETIC DEPARTMENT**

**EMERGENCY MEDICAL AUTHORIZATION**

**AUTHORIZATION TO PROVIDE EMERGENCY TREATMENT FOR INDIVIDUALS WHO BECOME ILL AND/OR INJURED WHILE PRACTICING, PARTICIPATING OR ENROUTE TO AND FROM ATHLETIC EVENTS WHEN PARENTS/GUARDIANS CANNOT BE REACHED.**

STUDENT NAME \_\_\_\_\_ DOB \_\_\_\_\_ DATE SIGNED \_\_\_\_\_

IN THE EVENT REASONABLE ATTEMPTS TO CONTACT ME AT \_\_\_\_\_ (PHONE) OR TO CONTACT \_\_\_\_\_ (OTHER PARENT/GUARDIAN) AT \_\_\_\_\_ (PHONE) HAVE BEEN UNSUCCESSFUL, I HEREBY GIVE MY CONSENT FOR:

1. THE ADMINISTRATION OF ANY TREATMENT DEEMED NECESSARY BY DR. \_\_\_\_\_ (PREFERRED PHYSICIAN) INCLUDING DR. \_\_\_\_\_ (PREFERRED DENTIST), OR IN THE EVENT THAT THE ABOVE DESIGNATED IS NOT AVAILABLE, BY ANOTHER LICENSED PHYSICIAN OR DENTIST.
2. THE TRANSFER OF THE CHILD TO \_\_\_\_\_ (PREFERRED HOSPITAL) OR ANY HOSPITAL REASONABLY ACCESSIBLE.

THIS AUTHORIZATION DOES NOT INCLUDE MAJOR SURGERY UNLESS THE MEDICAL OPINIONS OF TWO LICENSED PHYSICIANS OR DENTISTS CONCUR IN THE NECESSITY FOR SUCH 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: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

**LONDON ATHLETIC DEPARTMENT**

**INSURANCE RELEASE FORM**

THE LONDON HIGH SCHOOL ATHLETIC DEPARTMENT DOES NOT CARRY GROUP OR INDIVIDUAL INSURANCE ON ITS STUDENTS. IN ORDER FOR YOUR SON/DAUGHTER TO PARTICIPATE IN OUR ATHLETIC PROGRAM, WE MUST HAVE VERIFICATION THAT THE INDIVIDUAL IS COVERED BY MEDICAL INSURANCE.

STUDENT NAME \_\_\_\_\_ DATE SIGNED \_\_\_\_\_

PLEASE CIRCLE THE APPROPRIATE NUMBER BELOW. MAKE SURE ALL FORMS ARE SIGNED. RETURN THIS FORM BEFORE PARTICIPATION IN ANY ATHLETIC PRACTICE OR ACTIVITIES.

1. I HAVE INSURANCE THAT WILL COVER MY SON/DAUGHTER IN CASE OF INJURY AND/OR ILLNESS SUSTAINED DURING ATHLETIC PRACTICE, GAMES, TRAVEL OR EVENTS.  
INSURANCE POLICY NAME AND NUMBER \_\_\_\_\_
2. I DO NOT HAVE ANY INSURANCE, BUT WILL ASSUME FULL FINANCIAL RESPONSIBILITY FOR ANY ILLNESS OR INJURY.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_