

Westside Christian Academy Athletics Emergency Medical Authorization Form

Student Name

Phone #

Address

Birth Date

Purpose: To enable parents to authorize emergency treatment for children who become ill or injured while participating in WCA athletic practices or games when parents cannot be reached.

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PART I (TO GRANT CONSENT) Part I or Part II MUST BE COMPLETED

In the event reasonable attempts to contact me at _____ (phone number) or _____ (other parent) at _____ (phone number) 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 two other licensed physicians or dentists, concurring in the necessity for each surgery, are obtained before the surgery is performed.

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

Address

Date

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PART II (REFUSAL TO CONSENT) DO NOT COMPLETE PART II IF YOU COMPLETED PART I

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the WCA authorities to take no action or to:

Signature of Parent

Address

Date