

**STRONGSVILLE RECREATION DEPARTMENT
EMERGENCY MEDICAL AUTHORIZATION**

Player's Name: _____ Phone No.: _____

Address: _____ Zip Code: _____

Purpose – To enable parent to authorize emergency treatment for children who become ill or injured while under coaches' authority, when parents cannot be reached.

Part I or Part II must be completed

PART 1 (To Grant Request)

In the event reasonable attempts to contact me at _____, or _____
(Evening phone number) (Other parent)
at _____ or _____ at _____,
(Evening phone number) (Relative or childcare provider) (Evening phone number)

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____ Phone No. _____

Dentist _____ Phone No. _____

Medical Specialist _____ Phone No. _____

Local Hospital _____ Phone No. _____

This authorization does not cover major surgery unless the medical opinion of two other physicians or dentists, concurring in the necessity for such 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:

Date

Signature of residential parent or custodian

Do not complete Part II if you completed Part I

Part II (Refusal to Consent)

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 Recreation Department authorities to take no action or to:

Date

Signature of residential parent or custodian