RECOMMENDED WIAA SAMPLE SCHOOL FORM

MEDICAL EMERGENCY AUTHORIZATION FORM

TO BE COMPLETED BY PARENT AND RETURNED TO SCHOOL PRINCIPAL'S OFFICE

Name of Student Athlete _____

As Parent or Legal Guardian, I authorize the team physician or, in his absence, a qualified physician to examine the above-named student and in the event of injury to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, he deems necessary to insure proper care of any injury. Every effort will be made to contact parent or guardian to explain the nature of the problem prior to any involved treatment.

Name_____ Date _____
(Signature of Parent or Guardian)

Parent's Home Phone_____Businces Phone _____

Emergency Contact Person

Name_____ Phone_____

Relationship of contact person_____

Family Physician's Name _____ Phone_____

Name of Family Insurance Company _____ Policy #_____

==========

FOR SCHOOL USE ONLY:

Completed Form Received _____

_____
Date Name

Duplicate Copy Distributed to _____

_____

on _____
Date

Insurance coverage by parents Yes_____ No_____ Unknown_____

One copy filed in Student Permanent Record:_____ By_____
Date Name