



**MEDICAL AUTHORIZATION**

I, \_\_\_\_\_, the parent and/or legal custodian of \_\_\_\_\_ whose date of birth is \_\_\_\_\_, do hereby grant to Mr. Schwartz, Mr. Draime, Mr. Wolf or Mr. Wolf, of Riverside High School, all reasonable and necessary decisions regarding any emergency medical and/or other necessary medical treatment required to protect and maintain the good health of my son/daughter, \_\_\_\_\_, while under the care and supervision of the aforesaid.

All third parties are hereby empowered and authorized to act upon the authorization set forth herein above to preserve the good health of my son/daughter \_\_\_\_\_.

State of Ohio        )  
                                  )  
County of Lake     )

IT WITNESS WHEREOF:

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Witness

BEFORE ME, a Notary Public in and for said county, personally appeared the above-named, \_\_\_\_\_, who acknowledged that he/she did sign the foregoing instrument and that same was his/her free act and deed.

IT WITNESS WHEREOF, I have hereunto affixed my name and official seal at \_\_\_\_\_, \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 2018.

\_\_\_\_\_  
Notary Public  
Recorded in \_\_\_\_\_ County.  
My Commission expires \_\_\_\_\_.