

Boardman Band

Emergency Medical Authorization

Print Clearly

Student (Last, First)

Grade

EMERGENCY MEDICAL AUTHORIZATION

Consent for treatment:

I hereby give my consent for the administration of any treatment deemed necessary by the listed physicians and/or dentists, or, if the designated practitioner is not available, by another licensed physician and/or dentist. I also give my consent to transfer my child to the indicated preferred hospital or any reasonably accessible hospital.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians/dentists, concurring in the necessity of such surgery, are obtained first.

Parent/Guardian's Signature

Date

OR

Refusal of consent for treatment:

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

Parent/Guardian's Signature

Date