

# Sports Activity Emergency Medical Authorization Form

Purpose: To enable parents/guardians to authorize emergency medical treatment for children who become ill or injured while under school authority when parents cannot be reached.

Student Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Birthdate \_\_\_\_\_

Parents/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone # \_\_\_\_\_, \_\_\_\_\_, Pager # \_\_\_\_\_

Father's Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone # \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Insurance Provider \_\_\_\_\_ ID # \_\_\_\_\_ Group # \_\_\_\_\_

Known Allergies \_\_\_\_\_

Special Medical/Health Conditions \_\_\_\_\_

Current Medications & Dosages \_\_\_\_\_

If parents cannot be contacted, list two neighbors/relatives/alternates who may:

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name \_\_\_\_\_ Phone # \_\_\_\_\_

### Grant Consent

I, \_\_\_\_\_, the parent and/or legal guardian of \_\_\_\_\_ consent to and authorize any representative of USD 203 to authorize medical treatment, including any necessary surgery or hospitalization for my above named dependent, for any injury or illness of an emergency nature he/she will incur while at USD 203 schools, while participating on field trips, any extra-curricular activities, sports and/or organized athletic activities, by any physician or dentist licensed in accordance with the provisions of the Kansas Healing Arts Act, Kansas State Statutes Annotated 65-2801 and any hospital.

I agree to pay and assume all responsibility for all medical and hospital expenses and any services of any emergency nature, and charges for my dependent.

I acknowledge and agree that USD 203 is not responsible for any medical expenses and charges that are incurred in the medical treatment or hospitalization of our dependent. A photocopy of this document shall have the same force and effect as the original.

\_\_\_\_\_  
Parent or Legal Guardian/ Date

\_\_\_\_\_  
Parent or Legal Guardian/ Date

### Notary Public

**State of Kansas**  
**County of** \_\_\_\_\_

Signed and attested before me on \_\_\_\_\_ by \_\_\_\_\_  
Signature of Notary

My commission expires \_\_\_\_\_