

SCAPPOOSE SCHOOL DISTRICT 1J

**AUTHORIZATION FOR ANOTHER TO CONSENT TO TREATMENT OF CHILD**

As a parent or legal guardian of the following student:

\_\_\_\_\_

I do hereby authorize the supervising athletic coach, or his designee at the time of the accident to consent to any medical or surgical treatment of the above student which such person deems advisable if a parent or legal guardian cannot reasonably be located when the student is taken for treatment. The above authorization will be effective while participating in school sports/activities.

Signature: \_\_\_\_\_

Parent or guardian

Date: \_\_\_\_\_

01-0299-EMERGENCY INFORMATION/RELEASE

Student Name: \_\_\_\_\_

Home address of parent/guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Group No.: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Physician's Phone No.: \_\_\_\_\_

Chronic illnesses or comments: \_\_\_\_\_

Allergies: \_\_\_\_\_

Current medications: \_\_\_\_\_

Date of last D.T.P. Immunization: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Name

Number