



Hilliard City School District  
Heritage Middle School Athletic Department  
Emergency Medical Authorization



Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Live with: \_\_\_\_\_ Mother/Father \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only \_\_\_\_\_ Mother/Stepfather

\_\_\_\_\_ Grandparents \_\_\_\_\_ Guardian \_\_\_\_\_ Foster Parents \_\_\_\_\_ Father/Stepmother

Phone Numbers:                      Name                      Work Phone                      Cell Phone

Mother \_\_\_\_\_

Father \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

**Purpose:** To enable parents to authorize emergency treatment for children who become injured while under school authority, when parents cannot be reached.

**Part 1 OR Part 2 Must be Completed**

**Part 1 (to grant request):** In the event reasonable attempts to contact me at the listed phone numbers have been unsuccessful, I hereby give consent for (1) the administration of any treatment deemed necessary by Dr. \_\_\_\_\_ (preferred physician) or Dr. \_\_\_\_\_ (Preferred dentist) or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist: and (2) the transfer of the child to \_\_\_\_\_ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinion of two other licensed physicians, concurring in the necessity for such surgery, are obtained before the surgery is performed.

Facts concerning the child's medical history including allergies, medications being taken, and any other impairment to which a physician should be alerted: \_\_\_\_\_

Please list any necessary insurance information:

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**Part 2 (refusal to consent):** I do NOT give consent for emergency medical treatment of my child. In the event of illness or injury requiring treatment, I wish the school authorities to take no action or to: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**Hilliard City School District  
Travel Permit, Insurance Verification Form & Risk Acknowledgement Statement**

**Parent's Travel Permit**

I hereby give my consent for \_\_\_\_\_ to travel to and from athletic events  
(Name of Athlete)  
scheduled by the **Hilliard City School District's Athletic Departments**. I understand that department policy will be to provide transportation by school bus, but in the event a bus is not available, private transportation may need to be used. These vehicles will be driven by responsible adults (parents of athletes or coaches), and they cannot be held responsible for any accident or injury that might occur.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Insurance Verification**

We, the parents or guardians of \_\_\_\_\_ have insurance with

Name of Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

that will pay the medical or surgical expenses that results from any injury, major or minor, that the above-named student may receive as a result of practicing or performing in athletics at **any school in the Hilliard City School District**. This insurance will also cover the above-named student while traveling to or from practice sessions or scheduled performances.

Since we, the parents or guardians of the above-named student, have an insurance policy which will provide adequate financial coverage for any type injury or injuries or whatever might result therefrom, we the parents or guardians agree to release the Hilliard City School District or any part thereof, from any obligations as pertains to financial responsibility in these matters for the current school year or any period of time thereafter.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

***NOTE: TO PARTICIPATE IN AN EXTRA-CURRICULAR SPORT, AN ATHLETE MUST PROVIDE PROOF OF INSURANCE. IF NEEDED, INSURANCE MAY BE PURCHASED THROUGH THE SCHOOL. PROOF OF PURCHASE MUST BE PROVIDED BEFORE ATHLETE MAY PARTICIPATE.***

**Risk Acknowledgement Statement**

All interscholastic sport activities have within them certain inherent dangers.

The mere nature of the sports activities makes it possible for the participant to sustain injuries: some of which could result in paralysis or even death.

By signing this form, the participant and their parents/guardians are acknowledging that they understand and accept the risks inherent within this sports activity.

Sport: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_

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