

Hilliard City School District  
Athletic Department

## Emergency Medical Authorization

Purpose: To enable parents to authorize emergency medical treatment for children who become ill or injured while under school authority, when parents cannot be reached. You must complete Part I or Part II

### Part I (To grant request.)

In the event that reasonable attempts to contact me or the other parent have been unsuccessful, I hereby give my consent (1) for the administration of any treatment deemed necessary by our preferred physician or dentist, or in the event that the designated preferred practitioner is not available, by another licensed physician or dentist, and (2) for the transfer of the child to our preferred hospital or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

Student's Name \_\_\_\_\_  
Parent's Name \_\_\_\_\_ Ph # \_\_\_\_\_  
Other Parent \_\_\_\_\_ Ph # \_\_\_\_\_  
Preferred Doctor \_\_\_\_\_ Ph # \_\_\_\_\_  
Preferred Dentist \_\_\_\_\_ Ph # \_\_\_\_\_  
Preferred Hospital \_\_\_\_\_ Ph # \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

### Part II (Refusal to consent to treatment.)

Do **NOT** complete Part II if you completed Part I

I **DO NOT** give my 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:

\_\_\_\_\_  
\_\_\_\_\_  
Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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## Parent's Travel Permit

I hereby give my consent for \_\_\_\_\_ to travel to and from athletic  
(Name of Athlete)  
events scheduled by the **Hilliard Davidson High School** or **Hilliard Weaver Middle School'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.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please fill out EITHER the Insurance Verification OR the Insurance Waiver below.**

### 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 **Hilliard Davidson High School** or **Hilliard Weaver Middle School**. 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 of 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 \_\_\_\_\_ school year or any period of time thereafter.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Insurance Waiver

We, the parents or guardians of \_\_\_\_\_ do hereby acknowledge that an accident insurance policy is not in force for our son/daughter that will pay the medical or surgical expense 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 **Hilliard Davidson High School** or **Hilliard Weaver Middle School**.

Since, we the parents or guardians of the above-named student do not 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 from any and all obligations as pertains to financial responsibility in these matters for the \_\_\_\_\_ school year or any period of time thereafter.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Risk Acknowledgement Statement**

All interscholastic sports 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.

Participant Signature \_\_\_\_\_ Sport \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_