

BRYAN PARKS & RECREATION DEPARTMENT

EMERGENCY MEDICAL AUTHORIZATION

Participant's Name

Participant's Address

Participant's Telephone Number

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while participating in activities/events under the authority of the Parks & Recreation Department, while the parents or guardians cannot be reached.

PART I OR PART II MUST BE COMPLETED

PART I - To Grant Authority.

In the event reasonable attempts to contact me at _____ (Mother's home phone) or at _____ (Mother's business phone), at _____ (Father's home phone) or at _____ (Father's business phone) have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by Dr. _____ (preferred physician), or Dr. _____ (preferred dentist), or, in the event that 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 opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments of which a physician should be alerted are: _____

DATE

SIGNATURE OF PARENT OR GUARDIAN

ADDRESS

DO NOT COMPLETE PART II IF YOU COMPLETED PART I

PART II - Refusal To Consent.

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency medical treatment, I wish the Parks & Recreation authorities to take NO action or to:

DATE

SIGNATURE OF PARENT OR GUARDIAN

(Please Fill Out and Return)

ADDRESS