

EDUCATIONAL ROBOTICS OF CENTRAL OHIO (ERCO) EMERGENCY MEDICAL AUTHORIZATION FORM

Student Name: _____ Birth Date: _____ Grade: _____
Address: _____ Student lives with: _____
City/Zip Code: _____ Home Phone Number: _____

PARENT/GUARDIAN(S) AND EMERGENCY CONTACTS

Call Order:	Relationship:	Name:	Day Phone:	Home Phone:	Cell Phone:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please indicate if your child has any of the following:

1) Allergies (please list):

2) Medications/Inhalers (please list):

3) Date of last tetanus shot:

4) Other medical concerns or conditions to which medical personnel should be alerted?

PART I OR PART II MUST BE COMPLETED

PART I: TO GRANT CONSENT I hereby give consent for the following medical care providers and local hospital to be called:

Office Phone: _____

Physician: _____

Dentist: _____

Medical Specialist: _____

Local Hospital: _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: 1.) the administration of any treatment deemed necessary by the above named doctors, or, in the event the designated practitioner is not available, by another licensed physician or dentist; and 2.) the transfer of the child to the preferred hospital listed above, if possible, or if that is not possible, to 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.

Signature of Parent/Guardian for Grant to Consent

Date

PART II: REFUSAL TO CONSENT

I do NOT give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish ERCO coaches to take the following action:

Signature of Parent/Guardian for Refusal to Consent

Date

This form is valid while student is a participant on Educational Robotics of Central Ohio teams.

Revised September 2017