



**Avon Lake Parks and Recreation**  
**Emergency Medical Authorization Form**

\_\_\_\_\_  
Student Name Phone #

\_\_\_\_\_  
Address School Attended

**Purpose:** To enable parents to authorize emergency treatment for children who become ill or injured while participating in Avon Lake Recreational programs when parents cannot be reached.

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**PART I (TO GRANT CONSENT)**  
**Part I or Part II MUST BE COMPLETED**

In the event reasonable attempts to contact me at \_\_\_\_\_ (phone number) or \_\_\_\_\_ (other parent) at \_\_\_\_\_ (phone number) 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 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 each surgery, are obtained before the surgery is performed.

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

\_\_\_\_\_  
Signature of Parent Address Date

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**PART II (REFUSAL TO CONSENT)**  
**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 emergency treatment, I wish the Avon Lake Recreation Department authorities to take no action or to:

\_\_\_\_\_  
Signature of Parent Address Date

**\*\*\*MUST BE RECEIVED IN RECREATION OFFICE PRIOR TO START OF PROGRAM\*\*\***  
Can be emailed to [hknapp@avonlake.org](mailto:hknapp@avonlake.org) or faxed to 440-933-0051