

# Portage Lakes Yacht Club

## EMERGENCY MEDICAL AUTHORIZATION

Student \_\_\_\_\_ Age \_\_\_\_\_ Grade in Fall \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Father \_\_\_\_\_ Usual time of work \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Mother \_\_\_\_\_ Usual time of work \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Purpose - To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while participating in the Portage Lakes Yacht Club. Learn to Sail Program.

### **PART I OR PART II MUST BE COMPLETED PART I - TO GRANT CONSENT**

In the event reasonable attempts to contact either parent listed above or:

1. \_\_\_\_\_  
Name Relationship Phone No.

2. \_\_\_\_\_  
Name Relationship Phone No.

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; or (2) the transfer of my 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 or dentist, concurring in the necessity for such surgery, is obtained prior to the performance of such surgery.

### **MEDICAL HISTORY:**

Facts concerning my child's medical history including allergies, medication being taken, and any physical impairments to which a physician should be alerted (i.e., medical problems, learning problems, known allergies):

\_\_\_\_\_  
\_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

### **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 treatment, I wish the instructors to take no action or to:

\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Parent Signature \_\_\_\_\_