

Emergency Medical Authorization  
(Part 1 or Part 2 MUST be completed)

PART 1-To Grant Consent

In the event reasonable attempts to reach me at \_\_\_\_\_ or \_\_\_\_\_  
have been unsuccessful, I hereby give my consent for:

1) The administration of any treatment deemed necessary by:

Preferred Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

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 other hospital reasonably  
accessible.

This authorization does NOT cover major surgery unless the medical opinion of two  
other licensed physicians or dentists concurring the necessity for such surgery are  
obtained prior to the surgery being performed.

Facts concerning the child's medical history to which a physician/dentist should be  
alerted:

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Impairments: \_\_\_\_\_

Others: \_\_\_\_\_

**IF CHILD HAS A MEDICAL CONDITION CAREGIVER MUST BE PRESENT AT  
ALL PRACTICES, GAMES AND BCBA FUNCTIONS**

In case of an emergency where time is of the essence Bloom-Carroll Bulldog Officials  
reserve the right to use their own judgment as to the action to be taken.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**PART II-Refusal to Grant Consent**

I DO NOT give permission for emergency treatment of my child. In the event of illness  
or injury requiring medical treatment, I wish the association to take no action or to:

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

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_