

Please Print:
SPORT or ACTIVITY _____

COACH _____ GRAD YEAR _____

Return this to your coach or sponsor no later than your first meeting or practice.

Geneseo Community Unit School District 228

7:300-E3

Students

Exhibit - Authorization for Medical Treatment

(Please print, sign, and return to your coach or activity sponsor.)

_____ Student	_____ Sport(s)/Activities
_____ Parent/Guardian	_____ Home phone
_____ Home address	_____ Cell phone
_____ Physician	_____ Physician phone

Medical Information: *(list allergies, medications, conditions and any known restrictions)*

In the event of a medical emergency and if reasonable attempts to contact me using the telephone numbers listed above are unsuccessful:

I, as parent or legal guardian of the above student, do hereby authorize:

1. Treatment by a licensed medical physician of my child/ward in the event of a medical emergency that, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed, and
2. Transfer of my child/ward to any hospital reasonably accessible at my expense.
3. This authorization is effective during the entire 2012-13 school year.

Parent/Guardian signature

Date

Superintendent Review January, 2011
Superintendent Review May, 2012