



**MEDICAL EMERGENCY AUTHORIZATION FORM
WOODLAND MIDDLE SCHOOL**

Name of Student/Athlete: _____
(Last) (First) (M.I.)

As parent/legal guardian, I authorize a qualified physician to examine the above named student and in the event of injury to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, if he deems necessary to insure proper care of any injury. Every effort will be made to contact parent/guardian to explain the nature of the problem prior to any involved treatment.

Signature of Parent/Guardian Date

Parent's Home Phone _____ Business Phone _____

Name of Emergency Contact _____ Phone _____

Email _____

Insurance Company _____ Policy # _____

Diabetic? _____ Convulsions? _____ When? _____

Allergic to the following drugs: _____

Carry an: EpiPen? _____ Inhaler? _____

Previous Injuries/Operations _____

Family Physician _____ Phone _____