

MIAMI PUBLIC SCHOOLS-AUTHORIZATION FOR EMERGENCY CARE TO MINOR(S)

I/We the parent(s) or legal guardian of the minor listed below do hereby authorize any X-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment by any physician or dentist licensed by the State of Oklahoma and hospital service that may be rendered to said minor under the general, specific or special consent of _____,
Coach/Athletic Trainer

The temporary custodian of the minor, whether such diagnosis or treatment is rendered at the office of the physician or dentist, or at a hospital licensed by the State of Oklahoma. I/We authorize the physician or dentist to call in any necessary consultants, in their discretion. We further authorize said physician or dentist to exercise their discretion in authorizing the disposal of any severed tissues or member.

Minor's Name

Birthdate

List any known allergies or medical conditions:

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who have temporary custody of the minor, and said physician or dentist to exercise their best judgement as to the diagnosis and subsequent medical, dental or surgical treatment.

This consent shall remain effective until twelve (12:00) p.m. on the last "official" day of school 20___. Unless sooner revoked in writing, delivered to said Miami School Officials entrusted with the custody, care and control of said minor child.

Date

Father or Mother Signature

Legal Guardian Signature