

Parental/Guardian Consent and Waiver

I hereby give my consent for my daughter(s)

to attend the 2013 Buckeye State Field Hockey Summer League. I hereby release and discharge Terri Simonetti Frost, Janet Baird, Worthington City Schools, Thomas Worthington High School, any coach and all employees of any injuries or illnesses which may result because of participation in summer league. By signing this form, you, on behalf of yourself and your daughter(s) or any other persons for whom you are legal guardian, confirm: (1) That you understand the statements contained on this form; and (2) That you release Terri Simonetti Frost, Janet Baird, any employees, and Worthington City Schools for any claims, liability, injury or damages occurring during this league.

Parent or Guardian

Date

PLEASE FILL OUT THE BACK TOO!!

EMERGENCY MEDICAL AUTHORIZATION PART 1 OR 2 MUST BE COMPLETED

Please PRINT

Student's Name: _____

PART 1 (TO GRANT CONSENT)

In the event reasonable attempts to contact me at _____ or
at _____ have been unsuccessful, I hereby give my consent for (1)
the administration of any treatment deemed necessary

by Dr. _____ at _____ or
(preferred physician)

by Dr. _____ at _____ or
(preferred dentist)

in the event the designated preferred practitioner is not available, by another licensed
physician or dentist and (2) transfer of my child to

or any hospital reasonably accessible. This authorization does not cover major surgery
unless the medical opinions of two (2) other licensed physicians or dentists, concurring in
necessity for such surgery, are obtained before surgery is performed.

Signature of Parent/Legal Guardian

Date:

Known Allergies: Current Medications:

Health Concerns (Diabetes, Asthma, Bee Stings, Etc.)

Physical Impairments: _____

Date of Last Tetanus Booster: _____

PART 2 (REFUSAL TO CONSENT) DO NOT COMPLETE PART 2 IF YOU COMPLETED PART 1:

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 school authorities to TAKE NO ACTION OR TO:

Signature of Parent or Legal Guardian Date _____