

**CONSENT FOR MEDICAL ATTENTION**

Explanatory Note to Parents: *On a number of occasions during athletic contests, athletes were seriously injured and it was found to be impossible to contact the parents for many hours or even several days, thus delaying the necessary consent for early treatment. The Oliver Wolcott Technical School now requires a "Consent For Medical Attention" to be signed by each athlete. The Board assures each parent that all reasonable means to contact the parent will be made before the "Consent For Medical Attention" is exercised.*

- (1) *I hereby consent to and authorize the performances of medical attention on \_\_\_\_\_  
This medical service is to include whatever procedures are required to accomplish restoration of structure and function of the disordered organ or organs. If any conditions are revealed at the time service is provided that were not recognized before and which call for procedures in addition to those originally contemplated, I authorize and consent to the performances of such procedures*
- (2) *I also consent to and authorize the attending physician(s) or dentist(s) to prescribe any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment, medication, and hospital care that he (they) may consider advisable.*
- (3) *I hereby consent to and authorize the attending physician(s) to prescribe and administer the use of blood transfusions as he (they) may consider advisable.*

*When student is a minor:*

*Signature of parent or guardian:*

*Witness:*

\_\_\_\_\_  
*Relationship to student* \_\_\_\_\_

*Signature:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Phone:* (    ) \_\_\_\_\_

*City and State:* \_\_\_\_\_

*Parent Email:* \_\_\_\_\_

*Date:* \_\_\_\_\_

*Patient's Family Physician:*

*Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Phone:* (    ) \_\_\_\_\_

**PLEASE LIST ALL KNOWN ALLERGIES, MEDICAL CONDITIONS, AND CURRENT MEDICATIONS BEING USED BY THE ATHLETE:**