

Canisius High School Emergency Medical Authorization

Student Name: _____

I hereby give my permission for my/our son to participate in the Higher Achievement Program. I have reviewed the application with him and agree with the policies.

By permitting my son to participate, I/we expect reasonable and adequate supervision of my/our son. It is thus agreed that I/we will hold Canisius High School and its agents harmless from all liability and all legal proceedings arising during the program, unless caused by or due to the gross negligence of either Canisius High School or its agents.

I hereby grant permission for Canisius High School to obtain medical care from a licensed physician, hospital, or medical clinic for my son in the event that I cannot be contacted.

Physician's name: _____ Physician's phone number: _____

Dentist's name: _____ Dentist's phone number: _____

Medical Insurance: _____ Medical Insurance Policy Number: _____

Medical Insurance Holder's Name: _____

List Pertinent Medical Facts (allergies, physical impairments, etc): _____

Emergency contact if parent/guardian cannot be reached:

Name: _____ Phone Number: _____

I give permission to inform my/our son's teacher of pertinent health information: YES NO

I give permission for my/our son to receive necessary medication /treatment
as prescribed by the medical director or supervising adult: YES NO

Parent/Guardian Signature

Date