



**Special Medical Power of Attorney**

**For Treatment of a Minor - - 2017-2018**

Known by all men by these present that I, \_\_\_\_\_,  
(Name)

of \_\_\_\_\_ County of \_\_\_\_\_,  
(address)

State of Wisconsin, being the parent or legal guardian of \_\_\_\_\_,  
(student's name)

a minor child, do hereby appoint Our Father's Lutheran School and its representatives as my true and lawful attorney(s)-in-fact for me and in my name, for the following purposes only: To authorize any physician or physicians (if possible the physician chosen by the student's parents/guardians) to provide any necessary care to said minor child, to administer any treatment, to provide any medications, to administer such anesthetics and perform such operations as may be deemed necessary or advisable in the diagnoses and treatment of said minor child as a parent. Giving and granting unto my said attorney-in-fact full power and authority to do and perform all and every act, deed, matter, and thing whatsoever that may be necessary or incident to the performance and execution of powers herein is expressly granted, as fully and effectually to all intents and purposes as I, myself, could do if I were present. The expenses for said medical services are payable by me and my spouse and our insurance carriers and are not the obligation of Our Father's Lutheran School. This power of attorney shall continue in force and effect until \_\_\_\_\_, 2017-2018.

In witness whereof, I have here under set my hand this day of \_\_\_\_\_,

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Signature of person making affidavit)

**(Continues on other side)**

**Medical Treatment and Student Insurance Statement 2017-2018**

Student: \_\_\_\_\_

Grade: \_\_\_\_\_

During school hours and all school events and activities, including all athletic events, first aid shall be administered to an injured student by a representative of the school unless a physician or emergency medical personnel are present; in the latter case, the physician or emergency medical personnel will render first aid. The athletic director will have medical emergency numbers available for all athletic events.

If any injury occurs to a student at school during school hours or any school sponsored event or activity, and the injury appears to be serious, the injured student will be conveyed to a doctor, hospital, or clinic for treatment (if possible, to the doctor or hospital preferred by the parent/guardian). If the injury occurs off school premises at a school event or activity, and the injury appears to be serious, medical treatment will be provided as is reasonably available.

Transportation to a medical facility, if required, will be determined by the coach, teacher, or administrator who is present.

The parent/guardian of the student who incurs an injury which requires more than first aid will be notified as soon as is practicable after the injury occurs. In an emergency situation, this notification may not occur until after the student has been conveyed to the appropriate doctor, hospital, or clinic for treatment.

**We understand that Our Father's does not carry any medical expense insurance for the benefit of any student who may be injured at school or while participating in a school sponsored event or activity, including athletic events, and that Our Father's assumes no responsibility for such expense.**

We have read and understand the procedure described above for the treatment of a student who may be injured at any school event or activity. We consent to having our son/daughter participate in all school activities and events, including athletic events involving Our Father's, under these conditions, and authorize medical treatment incurred by our child according to the procedure described above.

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My child is covered by medical insurance with:

Insurance Company and Policy Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Physician/Phone: \_\_\_\_\_/\_\_\_\_\_

Student Blood Type: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Last Tetanus: \_\_\_\_\_

Present Medications: \_\_\_\_\_

Allergies/Health Concerns: \_\_\_\_\_

\_\_\_\_\_  
Father (Print)

\_\_\_\_\_  
Father (Signature)

\_\_\_\_\_  
Phone/Cell

\_\_\_\_\_  
Mother (Print)

\_\_\_\_\_  
Mother (Signature)

\_\_\_\_\_  
Phone/Cell

Emergency Contact/Phone: \_\_\_\_\_

(If a parent cannot be reached)