

# NOWATA HIGH SCHOOL

707 West Osage  
Nowata, Ok 74048  
Principal, Bron Williams (918)273-2221

## Medical Consent/Over The Counter Medications

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

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examinations and immunizations for the above named students. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician or school official to contact me in the most prompt way possible. If the physician or school official is not able to reach me, the treatment deemed necessary by the attending physician may be given to the above named student.

In the event that an emergency arises during a school activity, an effort will be made to contact the parents or guardians as soon as possible. Permission is also granted to the school authorities to provide the needed emergency treatment for my child prior to admission to medical facilities.

My permission is hereby granted for my athlete to be provided over the counter medications. I will list any exceptions on the following line.

\_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian primary contact number: \_\_\_\_\_

Name and relation of emergency contact person: \_\_\_\_\_

Primary phone number of emergency contact: \_\_\_\_\_