

**QUINCY SENIOR HIGH SCHOOL/QUINCY JUNIOR HIGH SCHOOL
GRADES 7-12**

EXTRA CURRICULAR/FIELD TRIP – MEDICAL AUTHORIZATION

I hereby authorize any Quincy Public Schools Athletic Staff member who is appropriately qualified by the Illinois High School Association standards to serve as a coach or assistant coach, such person hereafter referred to as an “AQP staff member” to consent to any and all medical treatment which he/she may deem, in his/her sole discretion, to be appropriate for my child, named

_____.

I hereby give permission to the physician selected by the above designated AQP staff member to hospitalize, secure proper anesthesia and/or to order injections and/or surgery for my child. My child is not allergic to nor does he/she react to any medication **except the following:**

_____.

While I understand the AQP staff member will in good faith attempt to contact me prior to authorizing medical treatment, such contact is not necessary.

This authorization is for my child's participation in Quincy Public Schools Athletics/Activities during the 2017-18 school year. This authority expires on June 30, 2018.

Parent/Guardian Signature

Telephone No. _____

Date: _____