

EMERGENCY INFORMATION AND CONSENT FOR MEDICAL TREATMENT

(To be completed by parent/guardian)

Student Name: _____
Last name First name Middle name

Address: _____
Street City/Town Zip code

Social Security Number: _____ -

Parent/Guardian: _____
Last name First name Middle name

Place of Work: _____

Phones: Home _____ Work _____ Cell _____

Parent/Guardian: _____
Last name First name Middle name

Place of Work: _____

Phones: Home _____ Work _____ Cell _____

Medical/Accident Insurance Carrier: _____

Policy Number: _____

_____, the parent or guardian of _____
recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstance.

Please make the following notations on my son/daughter's records:

Allergies to medications: _____

Medications for long-term illness (indicate illness and medications): _____

Relevant medical information (e.g. contact lens, history of family diabetes, epilepsy, heart murmur):

