



Emergency Information
(Please return to your coach)

_____ Student Name _____ Student Birthdate _____ Grade

In case of emergency, contact:

_____ Phone _____
_____ Phone _____

My family doctor is _____

Insurance company _____ Policy # _____

Please detail any specific information (allergies, known drug reactions, current prescribed medications, etc.) _____

Medical Treatment Consent
(To be completed by parents)

I, _____, 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 hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the existing circumstances. I also understand that as parents or guardians we assume all liabilities and insurance responsibilities for athletic-related injuries.

_____ Date

_____ Signature of parent or guardian