

Date of Birth: _____

EMERGENCY INFORMATION AND MEDICAL TREATMENT CONSENT

(To be completed by parent)

Athlete's Full Name: _____ Grade: _____ Sport: _____

In emergency:

Contact: _____ Relationship: _____

Home phone: _____ Cell: _____ Work: _____

Alternate contact: _____ Relationship: _____

Home phone: _____ Cell: _____ Work: _____

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 do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstances.

In the event that ambulatory services are rendered, I prefer my child be taken to: _____ Hospital.

Signature of Parent/Guardian

Date

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

1. Have you had an *Emergency Health Care Plan* written by the School District Nurse? Yes _____ No _____
2. Known emergency medical conditions: _____
3. Significant previous injuries (e.g., concussions, fractures, dislocations, surgeries): _____
4. Other relevant medical information (e.g., contact lens wearer, allergies, history of family diabetes, epilepsy, heart murmur): _____
5. Current medications (indicate illness and medications): _____
6. Allergies to medications: _____