

Athletic Department
ARCANUM LOCAL SCHOOLS
Arcanum, Ohio 45304
EMERGENCY NOTIFICATION FORM

Athlete _____ Age _____ Date of Birth _____

Street Address _____

City _____ Phone # _____

Social Security Number _____

Name of Father _____ Place of Employment _____

_____ Phone # _____

Name of Mother _____ Place of Employment _____

_____ Phone # _____

Family Doctor _____ Phone # _____

Alternate Doctor _____ Phone # _____

Dentist _____ Phone # _____

Type of Health Insurance _____ Policy # _____

Major illnesses or injuries of the past _____

List any Allergies _____

List any regular medication that the athlete takes _____

If parents can not be reached in emergency, who should be contacted?

Name _____ Phone # _____

Athletic Department
ARCANUM LOCAL SCHOOLS
Arcanum, Ohio
MEDICAL CONSENT FORM

ATHLETE: _____

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 student. 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 to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above named student may be given.

In the event that an emergency arises during a practice session, an effort will be made to contact the parents or guardians as soon as possible. Permission is also granted to the coach or Area Rescue to provide the needed emergency treatment to the athlete prior to his admission to the medical facilities.

Signature of Parent or Guardian

Date

Phone numbers where parents can be reached:

Office _____

Name of Family Physician

Home _____

Other _____

Phone number _____