

Fall Sport \_\_\_\_\_ Winter Sport \_\_\_\_\_ Spring Sport \_\_\_\_\_

**Emergency Information and Medical Treatment Consent**  
**\*\*To Be Completed by Parent/Guardian\*\***

Name \_\_\_\_\_ Grade \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone & Cell Phone \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Insurance Company \_\_\_\_\_ ID# \_\_\_\_\_ Group# \_\_\_\_\_

**PERSON TO CONTACT IN CASE PARENT/GUARDIAN CANNOT BE REACHED**

Name \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

**--Medical Information--**

**Allergies to medications:**

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

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

I 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 emergency medical transportation, treatment/care at a hospital as deemed necessary for the then existing circumstances.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_