

**Marple Newtown School District Emergency Medical / Consent Form**

Student's Name \_\_\_\_\_ Email: \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sport: Boys/Girls- \_\_\_\_\_

Home Address: \_\_\_\_\_ Home # \_\_\_\_\_

Parent/Guardian Contact # 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Contact # 2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

*Emergency Contact if parent/guardian cannot be reached in an emergency situation.*

Emergency Contact # 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact # 2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

Medical History/Medical Problems: \_\_\_\_\_

Medications Currently Taking: \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

Family Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Medical Permission / Athletic Consent**

*As parent/guardian, I authorize my child to participate in the above activity. I acknowledge that as a result of the participation, he/she may be exposed to hazards, which may result in physical injury and agree not to hold the Marple Newtown School District, or any of their coaches or staff liable for personal injuries or property damage sustained by my child in connection with such participation.*

**\*\*\* All Injuries should be reported to the coach/advisor and Certified Athletic Trainer. \*\*\***

*I hereby give permission to the attending Physician and or Certified Athletic Trainer at the athletic activities to carry out such emergency diagnostic and therapeutic procedures as may be necessary for my child.*

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