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**

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_____ _____

Date **Signature of Parent or Guardian**

RETURN TO YOUR COACH

EMERGENCY INFORMATION (TO BE COMPLETED BY PARENTS)

_____ _____ _____
Student's Name **Student's Birth date** **Grade**

In an Emergency, contact:

_____ Phone_____

_____ Phone_____

My family doctor is _____

Insurance Company_____Policy #_____

Please detail any special information (allergies, known drug reaction, current prescribed medication, etc.)_____

_____

RETURN TO YOUR COACH

EMERGENCY INFORMATION (TO BE COMPLETED BY PARENTS)

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