

Mercer Island School District #400
Athletic Medical Emergency Authorization Form

Grade: _____ Birthdate: _____ Gender: _____

Name: _____ (Last) _____ (First) Parent 1 Name: _____ Parent 2 Name: _____

Address: _____ Parent 1 Cell #: _____ Parent 2 Cell #: _____

City/ State: _____ Email: _____

Emergency Contact Name (other than parent): _____ Emergency Contact #: _____

Severe Allergies: _____ Drugs allergic to: _____

Date of last Tetanus shot: _____

Emergency Medication: _____

Chronic Illness: _____

Significant Injuries or Illness (such as seizures, heart condition, fractures, concussions, or sports related surgeries):

1. _____

2. _____

****Other past medical conditions that the school should be aware of are: (add any comments on students physical condition deemed important):****

Choice of Physician to be called in case of an emergency:

Name: _____ Phone: _____

Choice of Hospital to be used: _____ Health Insurance Co.: _____

As a parent or guardian, I authorize the team physician, team trainer, or the coach to render the necessary emergency procedure for any such injury. I would also authorize the above persons to provide the appropriate course of professional emergency care, such as Aid Car, EMS, or emergency room transportation, including consultation and treatment by a specialist (i.e. a surgeon or other medical professionals). Every effort will be made to contact the parents or guardians of the nature of the problem and the treatment involved beforehand.

Signed _____ (parent or guardian)