Mercer Island School District #400

Athletic Medical Emergency Authorization Form

Date _____

Sport trying out for: _____ Grade _____ Birthdate _____ Gender _____

Name _____ Father's Name _____ Mother's Name _____
(Last) (First) (Init.)

Home Phone _____ Father's Wk. Phone _____ Mothers' Wk. Phone _____

Address: _____ Father's Cell Phone _____ Mother's Cell Phone _____
(House) (Street)

_____ Email Address _____
(City) (State) (Zip.)

Emergency Contact Name (other than parent) _____ Emergency Contact Phone _____

Allergies _____ Drugs allergic to: _____ **Date of Last Tetanus Shot** _____

Regular Medication _____ Chronic Illness _____

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

Date	*Injury*	*Location on Body*	*Comment*
1.			
2.			

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

_____

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

1. Name _____ Phone _____

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

As parent or legal 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 (ie. 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)**

Top Copy: Coach 2nd Copy: Trainer 3rd Copy: Office

In case of emergency, this vital medical information represents your child in your absence.

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