

CONSENT FOR EMERGENCY MEDICAL TREATMENT

In the event of an accident requiring immediate medical attention, I hereby grant permission to a physician and/or appropriate Hospital personnel to attend my son/daughter/ward.

Student's Name Student's Grade

Date of Birth Social Security Number

Signed Relationship

Address

City State Zip Code

Home Phone Number Business Phone Number

Emergency Number if not at game

Parent e-mail address

Family Doctor

Hospital Preference

Medical Insurance Company (ies)

Policy Number

HEALTH INFORMATION

Date of last Tetanus Shot

Allergies

(Circle One)

| | | |
|----------------------------|-----|----|
| Heart Condition or Disease | Yes | No |
| Diabetes | Yes | No |
| Asthma | Yes | No |
| Kidney Injuries | Yes | No |