

EMERGENCY PERMISSION FORM

TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AT THE BEGINNING OF EACH SPORTS SESSION

Student's Name _____ Grade _____ Age _____ Birth Date _____

Name of School _____ Insurance _____

Home Address _____

Please list any health problems that might be helpful to a physician when evaluating your child during an emergency.

Please list any allergies to medications, etc. _____

Is the student presently taking medication? _____ If so, what type? _____

Does the student wear contact lenses? _____ Please list date of last tetanus shot. _____

EMERGENCY AUTHORIZATION: In event I cannot be reached in an emergency, I hereby give permission to the physicians selected by the coaches and staff of _____ School to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above.

Parent/Guardian work phone number (_____) _____ Home phone number (_____) _____

Other emergency contact person _____ Phone number (_____) _____

Signature of Parent/Guardian _____

Relationship to Student _____ Date _____