

EMERGENCY MEDICAL TREATMENT FORM FOR ATHLETES

There are times when athletes are injured while participating in athletic activities and need immediate medical attention. **MANY TIMES A PARENT IS NOT AT THE ACTIVITY AND CANNOT BE REACHED BY PHONE.** This form is to give the athlete's coach the **AUTHORIZATION** to obtain medical attention if necessary.

Student's Name _____

Age: _____ Birthdate: _____ Allergies: _____

Medications Presently Taking: _____

Last Tetanus Immunization: _____ Personal Physician: _____

Insurance Company: _____ Policy #: _____

Hospital of Choice: _____

INDIVIDUALS AUTHORIZED TO CONSENT TO EMERGENCY MEDICAL CARE FOR STUDENT:

Name: _____

(Coach's name 1st choice)

Name: _____ (Phone #) _____

(Relative or friend 2nd choice)

During the period from _____, 20____ to _____, 20____, I, as parent or guardian of the above-named minor, may be unavailable to authorize any emergency medical care and treatment which the above-named minor may require. In cases when I cannot be reached, I authorize the individual(s) named above to provide consent in my behalf to a hospital and its Emergency Department, for the emergency medical care and treatment which the above-named minor may require. I agree to assume responsibility for the charges for such care as rendered to the above-named minor.

Sign & Print Name _____

Relationship to Athlete _____

Address _____

Phone _____

Date _____

THIS FORM TO BE KEPT BY THE COACH.