HIGH SCHOOL ATHLETIC / ACTIVITY MEDICAL EMERGENCY AUTHORIZATION FORM

Student ______________________________, ______________________________
(Print) *LAST* *FIRST*

Grade: 9 10 11 12 **Season: FALL – WINTER – SPRING** **SPORT** ____________________

CONTACT INFORMATION

Home Phone: (_____)______________________

Mother's Phone: (_____)______________________ Mother's Name: ______________________

Father's Phone: (_____)______________________ Father's Name: ______________________

Other's Phone: (_____)______________________ Name & Relationship: ______________________

STUDENT INFORMATION

Birth date: ______________________

Allergies: ______________________

Chronic Illness: ______________________

Regular Medication(s): ______________________

Date of last Tetanus Imm.: ______________________

Hospital or facility where I prefer my son/daughter taken in the case of an emergency:

____
(Name & Location of facility)

Physician's Name: ______________________

Physician's Phone: ______________________

MEDICAL COVERAGE / INSURANCE INFORMATION

Insurance Company: ______________________ **Policy / Consumer No.** ______________________

MEDICAL AUTHORIZATION / CONSENT

I, ______________________________ **authorize all medical, surgical, diagnostic, and**
(print *legal parent/guardian name – LAST, FIRST*)
hospital procedures as may be performed or prescribed by a treating physician for

______________________________ **if I cannot be reached in the case of an emergency.**
(print *son/daughter's name – LAST, FIRST*)

DATE ______________________ **SIGNATURE** ______________________
(LEGAL PARENT / GUARDIAN)

Address: ______________________ **City/ST:** ______________________ **Zip:** ______________

NOTE: This form needs to be completed each season and turned in with eligibility materials. It will then be given to your son/daughter/s coach so they can refer to the information provided in the event of an emergency.

2011 – 2012 revised 5/11 **FORM #7**

NO PHOTO COPY OR FAX ACCEPTED – ONLY SIGNED ORIGINAL (COMPLETED IN INK – NO PENCIL)