

EMERGENCY MEDICAL TREATMENT AUTHORIZATION Sport:

<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate:	Physical date:
Student Name:	Address: _____		Home phone:
Telephone number where each parent/guardian can be contacted if one or both are working:	Father's work/cell:	Mother's work/cell:	
Family physician:	Address:	Phone:	
Preferred hospital:	Grade: <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		

If your preferred hospital is Madigan, you will need your Military Dependent ID Card and must have a parent/guardian w/you.

1. If, in the event of serious injury, your family physician is not available or is not located in the immediate vicinity and we are unable to contact a parent or guardian, does the coaching staff have your permission to seek medical attention from the nearest physician?
☐ YES ☐ NO
2. If an emergency arises while your child is participating in a contest away from home, do you consent to an examination and/or treatment by a physician recommended by the host school authorities?
☐ YES ☐ NO

If your answer is "NO" please specify the procedure you wish the coaching staff to follow: _____

Do you have a history of any health problems or allergies that we should be aware of? (list on back of this card) ☐ YES ☐ NO

Are you taking medication? (list on back of card) ☐ YES ☐ NO Have you had surgery in the last 3 years? (list on back) ☐ YES ☐ NO

Parent's signature: _____ Date: _____

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