

## **MEDICAL TREATMENT CONSENT**

**(To be completed by parents)**

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_ recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary and further recognize that school personnel may be unable to contact me for my consent for emergency medical care; I hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the existing circumstances. I also understand that as parents or guardians we assume all liabilities and insurance responsibilities for athletic-related injuries.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

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\_\_\_\_\_

Date Signature of Parent or Guardian

## RETURN TO YOUR COACH

### EMERGENCY INFORMATION (TO BE COMPLETED BY PARENTS)

\_\_\_\_\_

Student's Name Student's Birth date Grade

In an Emergency, contact:

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

My family doctor is \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Please detail any special information (allergies, known drug reaction, current prescribed medication, etc.) \_\_\_\_\_

\_\_\_\_\_

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