

Emergency Treatment Form
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event of an emergency requiring medical attention, I hereby grant permission to a physician or other hospital personnel to attend to my son/daughter _____.
I expect every effort will be made to contact me in order to receive my specific authorization before any further treatment or hospitalization is undertaken.

Signature of Parent/Guardian _____ Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Medical Insurance Co. and Number: _____

Family Doctor _____ Phone Number: _____

Athlete Health Information:

- Any Allergies to medication, food, insects: _____
- Currently taking any medication: _____
- Currently has a medical condition that requires immediate medication such as epi-pen, inhaler, diabetic supplies, etc. _____
- Any known medical problems: _____