

EMERGENCY PERMISSION FORM

TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AT THE BEGINNIG OF EACH SPORT SESSION

Student's Name _____ Grade _____ Age _____ Birth date _____

Name of School _____ Insurance _____

Home Address _____

Please list any health problems that might be helpful to a physician when evaluating your child during an emergency.

Please list any allergies to medications, etc. _____

Is the student presently taking medications? If so, what type? _____

Does the student wear contact lenses? _____ Please list date of last tetanus shot _____

EMERGENCY AUTHORIZATION: The school has my permission in an emergency to have my child transported to the Emergency Room of the nearest hospital. The hospital and medical staff have my authorization to provide treatment which a physician deems necessary for the well being of my child.

Parent/Guardian work phone number _____ Home phone number _____

Other emergency contact person _____ Phone number _____

By signing this emergency form, I am granting permission for emergency services for my child and I am acknowledging that my child and I have received, read and will adhere to the guidelines provided in the **Activities Guide for School Students and Parents**.

Student Signature _____ Date _____ Parent/Guardian Signature _____ Date _____

FORM NO. 61582450404G (7.08)

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