

**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)

**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)