



ATHLETICS CONSENT FOR EMERGENCY CARE

Student _____ Grade _____

Be It KNOWN that, I the undersigned parent or guardian of the student above-named, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment, or care to said student, as in the judgment of said doctor or hospital, may be required on an emergency basis, in the event said student should be injured or stricken ill while participating in an interscholastic activity.

IT IS FURTHER understood that my child has the following medical condition and the school should be aware of in case of an emergency: _____

IT IS HEREBY understood that the consent and authorization hereby given and granted are continuing, and are intended throughout the current school year.

IT IS FURTHER understood that insurance or the parent/guardian of the student would pay any expenses incurred. Payment of the expense is not the school responsibility.

DATED the _____ day of _____, 20_____.

Parent/Guardian Signature _____

Parent/Guardian Signature _____

Family Physician: _____

Insurance Carrier: _____ (Mandatory)

Policy/Group # _____

Home Address: _____

Home Phone: _____

Cellular Phone: _____

Father's Work Phone: _____

Mother's Work Phone: _____