

**EMERGENCY MEDICAL INFORMATION**

Sport \_\_\_\_\_ Grade \_\_\_\_\_ Current age: \_\_\_\_\_

Student's Name (last, first): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell # (    ) \_\_\_\_\_

Father's Work Place: \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Mother's Work Place: \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Orthopedic Doctor: \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone (    ) \_\_\_\_\_

List **ALL** Medications: \_\_\_\_\_

Known Diseases/Allergies: \_\_\_\_\_

Other Medical Problems: \_\_\_\_\_

Other Concerns Coach Should Be Aware of: \_\_\_\_\_

**MEDICAL AUTHORIZATION**

I, the undersigned parent or guardian of \_\_\_\_\_, a minor does hereby authorize COACH \_\_\_\_\_ or any law enforcement agency to use their judgment in obtaining medical treatment for my child. I give permission to the medical, dental or emergency room staff selected to render any emergency medical, surgical or dental treatment necessary. I understand that any costs incurred for my child for such emergency treatment shall be my sole responsibility. It is also understood that effort shall be made to contact the undersigned prior to rendering treatment to the child, but that none of the above treatment will be withheld if the undersigned cannot be reached.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_