

**MEDICAL TREATMENT CONSENT
(To be completed by parent/guardian)**

I, _____, the parent or guardian of _____,
(Please Print) (Please Print)
recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary and further recognize that school personnel may be unable to contact me for my consent for emergency medical care; I do hereby consent in advance to such emergency care including hospital care, as may be deemed necessary under the then existing circumstances.

Date

Signature of Parent or Guardian

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**EMERGENCY INFORMATION
(To be completed by parent/guardian)**

Student's Name (Please Print) _____ Grade _____
In case of emergency, contact (name & relationship to student...PARENT/GUARDIAN or NEAREST RELATIVE ONLY):

Home # _____ Work # _____ Cell # _____

Home # _____ Work # _____ Cell # _____

My family doctor is _____ Phone _____

Please detail any special medical information (allergies, known drug reaction, current prescribed medication, etc.)

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