

***Return completed & signed form to your coach
*Required for all athletes & managers each season**

EMERGENCY CONSENT

Student Name _____ **Date of Birth** _____

Home Address _____ Student ID# _____

Hospital Preference _____ Family Physician _____

Medical Insurance Company _____

Medical Problems/Allergies _____

Medications _____

CONTACT IN CASE OF EMERGENCY (please print)

1. _____	_____	_____
Parent/Guardian	Cell Phone	Home/Work Phone

2. _____	_____	_____
Parent/Guardian/Emergency Contact	Cell Phone	Home/Work Phone

3. _____	_____	_____
Parent/Guardian/Emergency Contact	Cell Phone	Home/Work Phone

MEDICAL AUTHORIZATION / CONSENT

I, the undersigned parent/legal guardian, give my consent for the student listed above to receive medical services as necessary in the event the parent/guardian cannot be contacted. This consent extends to team physicians, emergency and hospital personnel, and any other attending health care providers.



Signature of Parent/Legal Guardian

Date



Printed Name of Parent/Legal Guardian