

ATHLETIC EMERGENCY/CONSENT FORM

NAME OF STUDENT: _____

PARENT/GUARDIAN: _____

HOME ADDRESS: _____

PHONE: Home (___) _____ Work: (___) _____

EMERGENCY NUMBER IF NOT AT HOME OR WORK: (___) _____

INSURANCE COMPANY: _____ POLICY #: _____

FAMILY DOCTOR:

(1): _____ PHONE: (___) _____

(2): _____ PHONE: (___) _____

I, _____, parent or guardian of _____, in consideration of my child's opportunity to participate in interscholastic activities, hereby consent to emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above named child, by a physician, qualified nurse, and/or hospital, in the event of injury or illness during all periods of time in which the student is away from his/her legal residence as a member of an interscholastic activity team or group, and hereby waive on behalf of myself and the above named child any liability of the School District, any of its agents or employees, arising out of such medical treatment.

Signature of Parent of Guardian

Date