

GRASSLAND MIDDLE SCHOOL EMERGENCY INFORMATION FORM FOR ATHLETES

EMERGENCY TREATMENT:

Since the malpractice question has come to the forefront, many hospitals and doctors will not treat a child (unless a matter of life or death) without a parent's consent. It is requested that you complete the information below so that if your child requires a visit to the hospital while under the supervision of the school, the hospital will be allowed to treat the injury. **It is the parents' responsibility to have insurance coverage on their child because the school does not provide insurance coverage.**

Consent Statement Authorizing Treatment:

Date: _____ Signataure: _____
(Parent or Guardian)



EMERGENCY INFORMATION:

Name: _____ Phone #: _____

Home Address: _____

Sex: M _____ F _____ Grade: _____ Date of Birth: ____/____/____

Insurance Carrier: _____

Policy & Group Numbers: _____

Father's SS #: _____ Mother's SS #: _____

Allergies: _____

Current Medications: _____

Existing Medical Conditions: _____

Guardian 1: Name: _____ Relationship: _____

Work Phone: _____ Cell Phone: _____

Guardian 2: Name: _____ Relationship: _____

Work Phone: _____ Cell Phone: _____

Other contact: Name: _____ Relationship: _____

Work Phone: _____ Cell Phone: _____



PARENT'S CONSENT:

I hereby give my consent for (Student's Name) _____

to represent GRASSLAND MIDDLE SCHOOL in the sport of _____ and if

necessary, ride with a designated parent to games and/or scrimmage.

Date: _____ Signature: _____

(Parent or Guardian)