

EMERGENCY TREATMENT Athlete Information:

Last Name _____ First Name _____ MI _ Sex:
M / F Grade (2009-2010) _____ Age _____ DOB _____

Allergies _____

Insurance _____

Policy Number _____ Group Number _____

Emergency Contact Information

Home Address _____

Home Phone _____

Mother's Cell _____

Father's Cell _____

Mother's Name _____ Work Phone _____

Father's Name _____ Work Phone _____

Another Person to Contact: _____

Phone Number: _____ Relationship _____

Legal/Parent Consent:

I/We hereby give consent for **(athlete's name)** _____ to represent Page Middle School in athletics, realizing that such activity involves potential for injury. I/We acknowledge that even with the best coaching, the most advanced equipment, and strict observation of the rules, injuries are still possible. On rare occasions these injuries are severe and result in disability, paralysis, and even death. I/We further grant permission to the school, its physicians, athletic trainers, and/or EMT to render aid, treatment, medical, or surgical care deemed reasonably necessary to the health and well being of the student athlete named above. By the execution of this consent, the student athlete named above and his/her parent/guardian(s) do hereby consent to screening, examination, and testing of the student athlete during the course of the pre-participation examination by those performing the evaluation, and to the taking of medical history information and the recording of that history and the findings and comments pertaining to the student athlete on the forms attached hereto by those practitioners performing the examination. As parent or legal Guardian, I/We remain fully responsible for any legal responsibility which may result from any personal actions taken by the above named student athlete.

Signature of Athlete Signature of Parent/Guardian: Date:
