

WOODLAND MIDDLE SCHOOL ATHLETICS MEDICAL FORM

PHYSICIAN'S CERTIFICATE

I hereby certify that (Student's Name) _____ has been examined by me and found to be physically fit to engage in all school athletics.

Remarks: _____

Date: _____ Physician's Signature: _____

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***** Entire Form Must Be Completed for Athletic Eligibility *****

EMERGENCY TREATMENT

To All Parents:

Since the malpractice question has come to the forefront, many hospitals and doctors will not treat a child without parent(s) consent (unless a matter of life or death). 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, this will allow the hospital to treat the injury.

EMERGENCY INFORMATION

Name: _____ Sport(s): _____ Sex: M F

Grade: _____ Age: _____ Date of Birth: ____/____/____

Parent(s) Name(s): _____

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

Work Address: _____

Phone Number: _____ Cell Number(s): _____

Home Address: _____

Phone Number: _____ Cell Number(s): _____

Another Person to Contact: _____ Relationship: _____

Insurance Name: _____

Policy and Group Number(s): _____

ALLERGIES: _____

Consent Statement: Authorizing Treatment

Parent(s)

Signature: _____

Student's Signature (if over 18): _____

PARENT(S) CONSENT

I hereby give my consent for (student's name) _____ to represent (name of school) Woodland Middle School in the sport(s) of: _____

Date: _____ Signature: _____

(Parent or Guardian)