

SAMPLE ATHLETIC EMERGENCY/ CONSENT FORM

(A form to be filled out by parent/ guardian for permission for emergencies)

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.

_____ Date

_____ Signature of Parent of Guardian