

MEDICAL TREATMENT PERMISSION FORM

In the event of an emergency occurring while my son/daughter is on a recreation sponsored practice, performance or trip, I grant permission to the recreational facility and its staff to take whatever action necessary. In the event that I cannot be reached, I hereby authorize the recreational facility and/or its employees to give consent for my son/daughter,

_____ to receive medical treatment _____
(Child's Name) (Parent/Guardian's Signature)

Person to be notified other than parent or guardian in an emergency:

Name: _____ Contact Number: _____ ()

Child Physician: _____ Contact Number: _____ ()

If you DO NOT grant permission or authorization for consent to medical treatment, what procedure should be followed?

Insurance Company: _____ Policy No: _____

Parent/Guardian's Signature Date

ACKNOWLEDGEMENT OF RISK AND INSURANCE STATEMENT
(to be completed and signed by parent/guardian)

I give permission for _____ (name of child/ward) to participate in any of the following sports that are not crossed out: baseball, basketball, cheerleading, cross country, field hockey, football, golf, gymnastics, lacrosse, soccer, softball, swimming/diving, tennis, track, volleyball, wrestling, other (identify sport(s)).

I have reviewed the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my child/ward. I understood that the degree of danger and the seriousness of the risk varies significantly from one sport to another with contact sports carrying the higher risk. I have had an opportunity to understand the risk inherent in sports through meetings, written handouts, or some other means.

He/She has student accident insurance available: Yes _____ No _____ is insured by our family policy with:

Name of Company: _____

Policy Number: _____ Name of Policy Holder: _____

I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for _____ (child/ward) to participate in the sport and travel with the team.

Additionally, I give my consent and approval for the above names student's picture and name to be printed in any _____ athletic program, publication or video.

EMERGENCY PERMISSION FORM
(to be completed and signed by parent/guardian)

Student's Name: _____ Grade: _____ Age: _____

School: _____ City: _____

Please list any significant health problems that might be significant to a physician evaluating your child in case of an emergency _____

Please list any allergies to medications, etc. _____

Has student been prescribed an inhaler or EpiPen? _____

Is student presently taking medication? _____ If so, what type? _____

Does student wear contact lenses? _____ Please list date of last tetanus shot _____

EMERGENCY AUTHORIZATION

In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of _____ (team) to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above.

Daytime phone number (where to reach you in an emergency) _____

Evening time phone number (where to reach you in an emergency) _____

Parent/Guardian's Signature _____ Date: _____

Relationship to Student: _____

* *Emergency Permission Form may be reproduced to travel with respective teams and is acceptable for emergency treatment if needed.*

I certify all the above information is correct _____
Parent/Guardian's Signature

MEDICAL HISTORY

This form must be completed by parent/guardian prior to the physical examination and should be taken with the physical examination form for review/by the physician during the examination.

YES NO

1. Have you ever had any of the following? *Please explain any YES answers.*
Heart murmur? _____
High blood pressure? _____
Other heart problems? _____
Broken bones? _____
Weak joints – ankles, knees? _____
Concussion? _____
Operation? _____
Seizures or epilepsy? _____
2. Have you ever fainted or passed out? _____
3. Have you ever been knocked out? _____
4. Have you ever been hospitalized? _____
5. Have you ever had to stop running after ¼ or ½ miles for chest pain or shortness of breath?

6. A. Have you ever had significant allergies to?
Bee stings? _____ On medication? _____ Yes _____ No _____
Foods? _____
Medicine? _____
Others? _____
B. Do you have a prescription for use of?
Adrenaline? _____
Inhalers? _____
Other allergy medicine? _____
C. Do you have asthma? _____
7. Do you take any medicine regularly? _____
8. Have you had any illnesses lasting a week or more such as mononucleosis, etc?

9. Have you had any blood disorders, including sickle cell trait, anemia, etc.?

10. Has any family member had a heart attach, heart problems or sudden death before the age of 50? _____
11. Do you wear contact lenses, eyeglasses or dental appliance? _____
12. Do you have any missing or non-functioning organs such as testes, eye, kidney, etc?

13. Do you have any other significant health problems? _____
14. Hepatitis B Immunization Series? _____
15. Date of last Tetanus Immunization? _____

Parent/Guardian's Signature _____

Date: _____