



Prodigy Decker Emergency Care Permission Form

Athlete's Name: _____

Sport: _____

As parent or guardian of the above named athlete, I hereby authorize the staff of

_____ to provide care, including authority for medical transportation, in the event of injury or illness. I also authorize qualified medical personnel to provide emergency medical care in the event of an emergency.

Parent/Guardian: _____

Address: _____

City: _____

State _____ Zip: _____

Daytime telephone: _____ Evening telephone: _____

Other authorized person to contact in emergency: _____

Relationship to athlete: _____

Daytime telephone: _____ Evening telephone: _____

Family Doctor: _____

Doctor's telephone: _____

Athlete's allergies, chronic illnesses, medications taken, or other medical conditions:

Signature: _____

Date: _____