

HOLT HIGH SCHOOL SPORTS MEDICINE CONSENT FOR EMERGENCY TREATMENT

| | | | |
|----------------------------------|--------------|--------------------------------------|----------|
| Athlete's Name | | Date of Birth | |
| Address | City | State | Zip Code |
| Home Phone # | Today's Date | Athlete's Grade (as of today's date) | |
| Father's Name | | Mother's Name | |
| Address, If Different From Above | | Address, If Different From Above | |
| Employer | | Employer | |
| Employer's Address | | Employer's Address | |
| Work's Phone # | | Work's Phone # | |
| Cellular Phone # | | Cellular Phone # | |
| Insurance Company | Policy # | Group # | |

EMERGENCY CONTACT:

1. _____

2. _____

3. _____

| Name | Address | City | Phone # | Relation |
|------|---------|------|---------|----------|
|------|---------|------|---------|----------|

Form continued on opposite side.

PLEASE LIST ANY/ALL ALLERGIES

(i.e. medications, insect bites/stings, foods, etc.)

PLEASE LIST ANY/ALL MEDICAL PROBLEMS

(i.e. heart murmur, diabetes, one pupil dilated, epilepsy, asthma, etc.)

Medications Currently Using _____

Holt High School, and its medical staff, has my/our permission to seek necessary emergency treatment for my daughter/son, _____, during her/his participation in athletic contests, practices, and conditioning workouts. I/We also grant permission to the medical staff of Holt High School to discuss matters pertaining to my daughter/son's health/injury stats to and/or amongst the coaching staff of my child's athletic team to allow for safe participating in her/his sport. This permission remains in effect during the current academic/athletic year.

Parent/Guardian Initial Here

Father's Signature Date Mother's Signature Date

Athlete's Signature Date Athletic Trainer's Signature Date

THE SOLE PURPOSE OF THE INFORMATION PROVIDED HERE IS TO BE ABLE TO TREAT THE STUDENT-ATHLETES OF HOLT HIGH SCHOOL IN A SAFE AND TIMELY MANNER IN THE ABSENCE OF A PARENT. THANK YOU FOR TAKING THE TIME TO FILL THIS FORM OUT TO THE BEST OF YOUR ABILITY.