



Form A - Required Student Emergency and Medical Consent 2013-2014

Student Name: Last First Middle Grade:

Address: City Zip

Mother's Name/Guardian:

Phone: (H) (W) (C)

Father's Name/Guardian:

Phone: (H) (W) (C)

In case of an Emergency in which the parents/guardians cannot be reached, please call:

Table with 4 columns: Name, Relationship, Phone Number (s), Permission granted to pick child up from school? (Y/N)

Has the child any drug/food/environmental/insect, etc. allergies:

Additional information or concerns that a nurse/coach/trainer/moderator needs to know regarding participation of your child in school/sports/extracurricular activities.

Would your child require medication during school/sports or any extracurricular activities? If yes, for what condition and the name of the medication?

Does your child have any special requirements in order to participate in sports/extracurricular activities? (i.e. dental appliances, braces, contact lens, splints, etc.)

Family Physician City Phone

Hospital of choice Insurance Co.

Date of last Tetanus shot:

If any emergency arises, the school will try to contact the student's parent/guardian. If neither parent nor guardian can be reached, I give permission to Dr. to be wholly responsible for the care of my child.

Signature of Parent or Guardian

Date:

For Office Use Only
Athletics
Nurse