

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

Student	Address	Phone (H)
Telephone number where each parent can be contacted if one or both are working.	Father's Work #	Mother's Work #
Family Physician	Address	Phone

Grade (Circle One) 7 8 9 10 11 12

Preferred Hospital: _____
If Madigan, you need your Military Dependent I.D. Card and you must have Parent or Guardian with you.

If, in the event of serious injury, your family physician is not available or is not located in the immediate vicinity and we are unable to contact a parent or guardian, does the coaching staff have your permission to seek medical attention from the nearest physician? YES___ NO___

If your answer is "NO" please specify the procedure you wish the coaching staff to follow: _____

If an emergency arises while your child is participating in a contest away from home, do you consent to an examination by a physician recommended by the host school authorities? YES___ NO___

If your answer is "NO" please specify the procedure you wish the coaching staff to follow: _____

Athlete Vital Health Information

Are you taking any medication? YES___ NO___

Have you had surgery in the past three (3) years? YES___ NO___

Explain: _____

Do you have a history of any health problems that we should be aware of? YES___ NO___

Explain: _____

Are there other health factors that we should be aware of? YES___ NO___

Explain: _____

Athlete's signature: _____ Parent's or Guardian's Signature: _____

Date: _____

Date: _____