

PARTICIPATION – TRANSPORTATION – EMERGENCY TREATMENT FORM

Student Name _____ Grade _____

Home Phone Number _____

Emergency Numbers _____

Parent/Guardian _____

Allergies _____

Medications _____

Doctor _____

Medical Insurance _____

Medical Problems _____

Hospital Preference _____

I understand that playing/participating in a sport can be a dangerous activity involving many risks of injury.

I have discussed with my son/daughter the importance of following the instructions of the coaches regarding playing techniques, training, and team rules, to avoid unnecessary injuries to himself/herself or his/her teammates.

I give my permission for my son/daughter to travel as required as a member of the team(s) of which he/she is a member.

I give my permission for emergency treatment of an injury by any physician designated by a school official.

Date

Parent/Guardian Signature