CONSENT FOR EMERGENCY MEDICAL TREATMENT

Student's Name _____

May be given medical treatment. This treatment is for any emergency (injury or illness) occurring during athletic practice or competition when I cannot be reached to give consent.

Unusual Health Conditions **No**_____ **Yes**_____
Describe _____
_____

Takes Medication Daily **No**_____ **Yes**_____
Describe_____
_____

Allergies **No**_____ **Yes**_____ **Type**_____
Describe_____
_____

_____ _____
Parent or Guardians Signature **Date**

Phone Home _____
Phone Work _____