

CONSENT FOR EMERGENCY MEDICAL TREATMENT

Student Name _____

Student Address _____

Student Date of Birth _____

Parent (Guardian) Name _____

Home Phone _____

Father Work Number _____

Mother Work Number _____

If unable to contact parent (Guardian), contact the following;

Name _____ Phone _____

List any known allergies: _____

List any medications student is taking: _____

List any physical disabilities _____

I hereby authorize the staff of the Oak Creek High Athletic Dept. (Teachers, Coaches, Trainer and or Team Physician) to provide and secure and medically assist on the behalf of my son/daughter. I further authorize these individuals to discuss my son/daughter's medical condition with other health care personnel.

Parent (Guardian) Signature _____ Date _____

Sport _____