Hurricane High Athletic Emergency Information 3

Athlete's name_____Birth date_____
Last First MI

Parent's (Guardian) name_____

Address_____Phone_____

Phone number of working parents during the day:

Father_____Mother_____

In an emergency, if parents cannot be contacted, list who can be notified:

_____
Name Relationship Phone

Family Doctor_____
Office Number Home Number

Preferred Hospital_____City_____

Allergies_____Date of last Tetanus Booster_____

Permission is hereby granted to the attending physician to proceed with any medical or minor treatment, x – ray examination, and immunizations for the above named student athlete. In the event of a serious injury, significant injury, or the need for major surgery, I understand an attempt will be made by the attending physician to contact me in the most expeditious manner possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above named student-athlete may be given.

In the event an emergency arises during a practice or game, I give my consent to the attending physician, athletic trainer, or coach to use their judgment in securing medical aid and ambulance service in case the parents cannot be notified. I understand an effort to contact me will be made as soon as possible. Permission is also granted to the athletic trainer or coach to administer basic first aid or needed emergency treatment to the student-athlete prior to his/her admission to the medical facilities.

_____
Signature of Legal Guardian Date of Signature

Individual or Group Health/Accident Company_____

Policy Number_____