

**I. EMERGENCY TREATMENT**

To All Parents:

Since the malpractice question has come to the forefront, many hospitals and doctors will not treat a child without parent's consent (unless a matter of life or death). It is requested that you complete the information below so that if your child requires a visit to the hospital while under the supervision of the school, this will allow the hospital to treat the injury.

**EMERGENCY INFORMATION**

Name: \_\_\_\_\_ Sport: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's Name: \_\_\_\_\_

Father's SS#: \_\_\_\_\_ Mother's SS#: \_\_\_\_\_

Work Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Another Person to Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Name: \_\_\_\_\_

Policy and Group Numbers: \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_

Consent Statement: Authorizing Treatment

Parent's Signature: \_\_\_\_\_

Student's Signature (if over age 18): \_\_\_\_\_

**II. PARENT'S CONSENT**

I hereby give my consent for \_\_\_\_\_ to represent  
(Name of Student)

\_\_\_\_\_ in the sport of \_\_\_\_\_  
(Name of School)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_