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| **CROOKSVILLE HIGH SCHOOL ATHLETICS**  Emergency Medical Authorization | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Athlete Name: | | | | | | |  | | | | | | | | | | | | | | | | | | | | Age: | | | | |  | | | | Upcoming Grade: | | | | |  | | | Year: | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Purpose:** To enable parents to authorize emergency treatment for their children who become ill or injured while under school authority and when a parent cannot not be reached. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Emergency Contact Numbers:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Parent / Guardian Name: | | | | | | | | | | | |  | | | | | | | | | | | | | Phone #: | | | | | |  | | | | | | | Cell/Work #: | | | | | | | | |  | | | | |
| Parent / Guardian Name: | | | | | | | | | | | |  | | | | | | | | | | | | | Phone #: | | | | | |  | | | | | | | Cell/Work #: | | | | | | | | |  | | | | |
| Other Emergency Contact: | | | | | | | | | | | | | |  | | | | | | | | | | | Phone #: | | | | | |  | | | | | | | Cell/Work #: | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I hereby give my consent for (1) the administration of any treatment deemed necessary by current athletic trainer for my child. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Preferred General Practitioner) **Doctor:** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | MD | |  | DO | | | | |  | |
| (Preferred) **Dentist:** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **In the event that the preferred practitioner is unavailable, treatment can be performed by another licensed physician or dentist.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (2) The transfer of the child to: (Preferred) **Hospital:** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | **Or any hospital reasonably accessible** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Medical History:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PLEASE SPECIFY IF CHILD IS ALLERGIC TO A MEDICATION OR IS ON ONE CURRENTLY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Allergies: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Medications Taking: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Any Medical Conditions: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Any Past Orthopedic Injuries: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Insurance:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I, | | |  | | | | | | | | | | | | | | | | | (parent/guardian) of | | | | | | | |  | | | | | | | | | | | | | | | | | | (athlete), state | | | | | |
| that I have/will have proper medical and surgical insurance to cover any and all accidents or medical injuries during | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 |  | | | - 2 | |  | | | | | (year) sport seasons: covering practices, scrimmages, games, or any other activity related with | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| the participation in athletics at Crooksville Schools. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MUST HAVE!!!** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Company Name:** | | | | | | | | |  | | | | | | | | | | | |  | | **Policy Number:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Print Name: | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Signature of Parent/Guardian: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | Date: | |  | | | | | | | | | | | | | | |
| Mailing Address: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | Home Phone #: | | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |