# HOLT HIGH SCHOOL SPORTSMEDICINE
# CONSENT FOR EMERGENCY TREATMENT

Athlete's Name _____ Athlete's Grade (as of today's date) _____

Address _____ City _____ State _____ Zip Code _____

Home Phone # _____ Today's Date _____ Athlete's Date of Birth _____

Father's Name _____ Mother's Name _____

Address, If Different From Above _____ Address, If Different From Above _____

Employer _____ Employer _____

Employer Address _____ Employer Address _____

Work Phone # _____ Work Phone # _____

Cellular Phone # _____ Cellular Phone # _____

Insurance Company_____ Policy #_____ Group #_____

EMERGENCY CONTACTS:

1. _____
2. _____
3. _____

Name Address City Phone # Relation

Form continued on opposite side. →→→→→→→→→→→→

## PLEASE LIST ANY/ALL ALLERGIES

(i.e. medications, insect bites/stings, foods, etc.)

_____

_____

## PLEASE LIST ANY/ALL MEDICAL PROBLEMS

(i.e. heart murmur, diabetes, one pupil dilated, multiple concussions, asthma, etc.)

_____

_____

_____

Medications Currently Using_____

_____

Holt High School, and its medical staff, has my/our permission to seek necessary emergency treatment for my daughter/son,_____, during her/his participation in athletic contests, practices and conditioning workouts. I/We also grant permission to the medical staff of Holt High School to discuss matters pertaining my daughter/son's health/injury status to and/or amongst the coaching staff of my child's athletic team to allow for safe participation in her/his sport. This permission remains in effect during the current academic/athletic year as dated below.

* _____ *

* Parent/Guardian Initial Here *

| _____ | _____ | _____ | _____ |
|---|---|---|---|
| Father's Signature | Date | Mother's Signature | Date |
| _____ | _____ | _____ | _____ |
| Athlete's Signature | Date | Athletic Trainer's Signature | Date |

THE SOLE PURPOSE OF THE INFORMATION PROVIDED HERE IS TO BE ABLE TO TREAT THE STUDENT-ATHLETES OF HOLT HIGH SCHOOL IN A SAFE AND TIMELY MANNER IN THE ABSENCE OF A PARENT. THANK YOU FOR TAKING THE TIME TO FILL THIS FORM OUT TO THE BEST OF YOUR ABILITY.