



Student's Name: \_\_\_\_\_

Sporting Event: \_\_\_\_\_

# ATHLETIC EMERGENCY FORM

(This form is to be completed by all athletes)

## I. HOSPITAL AUTHORIZATION

Should it be necessary, I authorize my consent for any required hospital admission and necessary medical treatment. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

Facts concerning the child's medical history including allergies, medication being taken, and any physical impairments to which a physician should be alerted:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Parent or Guardian

Physician's Name: \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

## II. MEDICAL INSURANCE INFORMATION

Name of Subscriber	Hospital Plan	Medical Insurance Company
Contract No.	Group No.	Address for Insurance Company
Service Code	Contact Name	Telephone No. for Insurance Company

▶ PLEASE ATTACH COPY OF CURRENT INSURANCE CARD ◀

## III. HOSPITALIZATION INFORMATION

In the event of an emergency, please provide your contact information

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

Relationship: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

Additional Phone Number ( ) \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

Additional Phone Number ( ) \_\_\_\_\_