

Permission-to-Treat Form

I, _____ (name of parent or guardian), give permission for my child, _____ (name of athlete), to participate in _____ (sport) during the _____ (year) athletic season. If my child is injured and emergency care is needed, I grant the school's qualified staff permission to provide emergency medical services. Should more advanced treatment be necessary, I give permission to qualified medical personnel to treat him/her with the necessary care with the understanding that every reasonable effort will be made to contact me.

Address: _____

Home phone: (____) _____ Work phone: (____) _____ Cell phone: (____) _____

Other emergency contact name: _____

Address: _____

Home phone: (____) _____ Work phone: (____) _____ Cell phone: (____) _____

Student-Athlete Medical Data

Student ID number: _____ Sex: M ____ F ____

List any and all medical conditions (including allergies):

List any and all medications currently being taken:

Name of insurance company: _____

Address of insurance company: _____

Policyholder name (please print): _____

Policy number: _____ Group number: _____ Type: _____

I attest that the above medical information is accurate and agree to this permission-to-treat form.

Signature of parent or guardian: _____ Date: _____