

2009-10 Emergency Medical Form for Athletic Department

Instructions: Please return form to Middle School Athletic Director along with the required UHSAA Physical Examination Form prior to your child's registration with the Athletic Department.

STUDENT NAME: _____

PARENTS' INFORMATION:

HOME PHONE:

FATHER

MOTHER

CELL PHONE:

WORK PHONE:

ADDRESS: _____

MEDICAL INFORMATION

Significant Medical Conditions:

Allergies:

I hereby give my permission for emergency room treatment at a hospital, if necessary:

PARENT/ GUARDIAN Signature: _____ Date: _____

ADDITIONAL EMERGENCY CONTACTS

| | Name | Relationship to student | Phone 1 | Phone 2 |
|----|------|-------------------------|---------|---------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |