

Medical Consent Form

Athlete's Last Name: _____ First Name: _____

Permission is hereby granted to the athletic trainer, team physician, or school staff to administer first aid treatment for the above named student athlete. I also give permission for the athletic trainer, treating physician, coaches, and support staff to communicate about the above named student athlete's injuries, unless a written request is made to the athletic department. In the event of serious illness or injury, it is understood that every attempt will be made to contact me. If contact cannot be made with me, I do consent in advance to any treatment necessary for the best interest of the above named student athlete.

Signature of Parent or Guardian Date

Emergency Contact Numbers

Father/Guardian Name: _____

Home: _____ Office: _____ Other: _____

Mother/Guardian Name: _____

Home: _____ Office: _____ Other: _____

Closest Relative Name: _____ Home: _____

Family Physician Name: _____ Phone: _____

Insurance Company: _____ Policy #: _____

Medical Conditions

Please list any medical conditions for the above named student athlete. Include any kidney, heart, diabetes, asthma, or any other condition, illness or disease.

Allergy to any medications:

Current Medications:

