

# Emergency Medical Authorization

Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home telephone \_\_\_\_\_

Emergency telephone \_\_\_\_\_

Insurance Coverage is provided by \_\_\_\_\_

\_\_\_\_\_  
(Policy Number)

\_\_\_\_\_  
(Effective dates)

The above insurance provides coverage for the following sports:

\_\_\_\_\_

**We hereby give our consent for the above student to represent his/her school in interscholastic athletics. If we cannot be reached and in the event of an emergency, we also give consent for the school to obtain through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the student, if he/she is injured in the course of school athletic activities.**

The following list represents all previous injuries or additional conditions that are known to us, which may affect this athlete's performance or treatment, and we certify that it is correct and complete.

\_\_\_\_\_

All parents or guardians must sign and date.

(signature of parent/guardian)

(Date)

\_\_\_\_\_  
(signature of parent/guardian)

\_\_\_\_\_  
(Date)

**\*\*\* A COPY OF INSURANCE CARD IS ATTACHED**