

NorthWood Middle School

EMERGENCY MEDICAL AUTHORIZATION

This form must be made available by the coach at all team practices and contests for team member to insure proper medical treatment by physicians or hospital in the event of serious injury.

Athlete's Name _____

Birth Date _____ Grade _____ Sex _____

Parent's Name _____

Home Phone _____ Work Phone _____

Address _____ Zip _____

In the event the parents cannot be contacted, please contact:

_____ at phone # _____

I hereby give my consent for medical treatment deemed necessary by physicians designated by school authorities and/or transportation to a hospital emergency room for treatment for any illness or injury resulting from his/her athletic participation.

Preferred physician _____

Preferred Local Hospital _____

Allergies, Medication, Medical History:

I understand the authorization will only be enforced when I cannot personally be contacted and provide for immediate treatment.

Signed (Parent or Guardian)

Date

I have read, understand and will abide by the Athletic Guidelines and Policies for NWMS athletes.

(athlete's signature)

We, as parents or guardians, have read, understand and will enforce with our child the Athletic Guidelines and Policies for NWMS. We understand that if we fail to enforce the rules, our child may be suspended from any and/or all athletic teams.

(parent/guardian signature)