

Emergency Medical Authorization Release Form

Central Catholic High School
Athletic Department

Sport(s): _____
School Year: 2012-2013

Dear Parent/Guardian: We are requesting the following information concerning you and your child to insure the best possible care while participating in athletics at Central Catholic High School. Please complete all information.

Please Print:

Athlete's Full Name _____ Age: _____

Grade Level: _____ (School Year: 2012-2013) Date of Birth: _____

Name of Health Insurance: _____

Parent/Guardian's Name: _____ Spouse: _____
First Last

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Home Address: _____
Street City State Zip

1. Emergency Contact: _____ Home Phone: _____
(If parent not available) First name Last name

Relationship to Athlete: _____

2. Emergency Contact: _____ Home Phone: _____
First name Last name

Relationship to Athlete: _____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital Preference: _____ Last Tetanus Booster: _____

Asthmatic: _____, if so what medication(s) do you use: _____

Known Bone, Joint, or Muscle Injury: Year: _____

Know Allergies: _____ Concussion: Year: _____

Any problems that we should be aware of: _____

In the event of injury or illness to my child, I authorize the team physician trainer, and/or coach to administer treatment to my child. If I or my spouse cannot be reached or the urgency of the medical condition dictates, the team physician, trainer, or coach may use their own judgment to secure medical aid and ambulance service for my child. I also authorize the team physician, athletic trainer, and coach to exchange information relating to the medical care of my child. Any health care provider involved in care of the above named athlete is authorized to supply the team physician, trainer, and coach with medical records, verbal discussion, and written summaries as needed to facilitate the athlete's care and safe return to activity. This authorization is ongoing through the entire school year.

Parent/Guardian's Signature: _____ Date: _____