

William S. Hart Union High School District
Athletic Emergency Form

Please Print

Name _____ Grade _____
Last First Middle

Parent/Guardian Name _____ Home Phone () _____

Address _____ City _____ Zip _____

Parents Work #'s Father () _____ Cell () _____

Mother () _____ Cell () _____

In an emergency (if parents cannot be reached) notify:

1. _____ Phone #() _____ Cell #() _____

2. _____ Phone #() _____ Cell #() _____

3. _____ Phone #() _____ Cell #() _____

Family Doctor _____ Phone #() _____ Fax #() _____

Address _____ City _____ Zip _____

NOTE: Please state any pertinent medical information coaches or physicians should know about the student-athlete. (Allergies, medications, or conditions that require immediate emergency treatment such as Epi-Pen, Glucagon, inhalers, etc.)

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination or immunizations for the above-named student. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above-named student may be given.

Permission is also granted to the Certified Athletic Trainer to provide the needed first aid treatment prior to the student's admission to any medical facility.

Parent's/Guardian's Signature _____ Date _____

Attention Athletes: At the conclusion of the season, you must take this emergency form to your next coach. If you do not transfer this form, you will have to fill out a new form.

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PLEASE COMPLETE BOTH FORMS