Freedom Area School District

Athletic Emergency Form

Please fill out this form and return it to your COACH

Student Information

Student Name_____ Grade_____

Address_____ Birthdate_____

_____ Gender_____

Home Phone_____

Name of Parent/Guardian that student resides with_____

Address_____

Phone Number_____

Name of Parent/Guardian that student does not reside with_____

Address_____

Phone Number_____

Work Numbers- Parents/Guardians

Name_____Employer_____Number_____

Name_____Employer_____Number_____

Name_____Employer_____Number_____

Name_____Employer_____Number_____

Cell Phone Numbers – Parents/Guardians

Name_____Number_____

Name_____Number_____

Name_____Number_____

Name_____Number_____

Please identify and list any available email addresses_____

_____

Please list two other emergency contacts-In the event a parent/guardian cannot be reached.

Name_____Phone Number_____

Name_____Phone Number_____

Medical Information

Doctor Name_____Number_____

Dentist Name_____Number_____

Does FASD have permission to call the doctor or treat in the case of an emergency? Yes or No

Does FASD have permission to call an ambulance in the case of an emergency? Yes or No

Insurance Company_____

Policy #_____Effective Date_____

I herby authorize the treatment, administration of anesthesia and surgical treatment for my son/daughter in the event of a medical situation occurring during my absence or when the physician(s) or hospital are unable to contact me. This authorization extends to any hospital as well as any physician where treatment is rendered in the physician's office. I release from medical responsibility and liability the hospital, medical authorities, and physicians for performing medical procedures acting on the authority of this medical treatment consent form which is deemed necessary for any minor child.

Parent/Legal Guardian Signature_____**Date**_____

(please list any medical conditions and/or allergies on the back side of this form)

Please list any medical conditions

Please list any allergies