

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 hereby 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
