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.)

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_____

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.