

St. Thomas More Athletics

MEDICAL EMERGENCY AUTHORIZATION/CONTACT FORM

TO BE COMPLETED BY PARENT/GUARDIAN AND RETURNED TO SCHOOL PRINCIPALS OFFICE

Name of Student Athlete _____

As Parent or Legal Guardian, I authorize the team physician or, in his absence, a qualified physician to examine the above-named student and in the event of injury to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, he/she deems necessary to insure proper care of any injury. Every effort will be made to contact parent or guardian to explain the nature of the problem prior to any involved treatment.

Name _____ Date _____
(Signature of Parent or Guardian)

Parent/guardian's Name _____

Parent/guardian's Address _____

Parent/guardian's Phone Numbers: Home _____
Business _____
Celphone _____

Alternate Emergency Contact Name _____

Relationship to Student Athlete _____

Alternate Contact Phone Numbers: Home _____
Business _____
Celphone _____

Family Physician's Name _____ Phone _____

Name of Family Insurance Company _____ Policy # _____

FOR SCHOOL USE ONLY:

Date Completed Form Received _____

Duplicate Copy Distributed to _____ Date _____
_____ Date _____
_____ Date _____