

2017-18
FERN RIDGE SCHOOL DISTRICT
PERMISSION FOR MEDICAL TREATMENT

This form is to be carried in the first aid kit at all times while the athlete is out for a sport season.

In the event of an emergency requiring medical attention, I hereby grant permission to appropriate district personnel for the following: **1.)** To transport my son/daughter by emergency vehicle **2.)** To authorize a physician or other hospital personnel to attend to my son/daughter.

Athlete's Name

I expect every effort will be made to contact me in order to receive my specific authorization before any treatment or hospitalization is undertaken.

Parent/Guardian Signature / Date

Home Phone

Address

Business Phone

Person to contact in case of emergency and you cannot be reached:

Name	Relationship	Phone #
------	--------------	---------

Family Doctor

Phone

Insurance Company

Policy Number

HEALTH HISTORY

HEALTH PROBLEMS <i>(Please check any problems)</i>	Yes	No	If Yes, Please Explain
KIDNEY INJURIES			
HEART CONDITION OR DISEASE			
DIABETES			
ASTHMA			
WHILE COMPETING DO YOU WEAR GLASSES OR CONTACTS			
CURRENTLY TAKING MEDICATION			
ALLERGY TO ANY MEDICATION			