

**GRANT COMMUNITY HIGH SCHOOL
ATHLETIC EMERGENCY MEDICAL INFORMATION**

I hereby give my permission for my child to participate in _____ during the 20__ - 20__ season. Further, I authorize qualified medical personnel to provide emergency treatment of any injury or illness my child may experience if they consider treatment necessary, and perform the treatment. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so. My child and I are aware that participation in sports is a potentially dangerous activity. I assume all risks associated with participation in sports, including but not limited to falls, contact with other participants, the effects of weather, traffic, and other reasonable risk conditions associated with the sport. All such risks to my child are known and appreciated by me. I understand this informed consent and agree to its conditions on behalf of my child.

PLEASE PRINT

Child's Name: _____ Date of Birth: _____
(Last) (First) MI

Year in School (please circle one): Freshman Sophomore Junior Senior

Home Address: _____
(Street) (City) (Zip)

Home Phone #: _____

Mother's Name: _____ Father's Name: _____

Mother's Work #: _____ Father's Work #: _____

Mother's Cellular #: _____ Father's Cellular #: _____

Emergency Contact Name (other than parent): _____

Phone #: _____ Alternate Phone #: _____

Hospital Preference: _____

Child's Physician: _____ Phone #: _____

Allergies: None Bee Sting Grass Other _____

Asthma: Yes No Type of Inhaler: _____

Heart Condition	Y	N	
Concussion / Head Injury	Y	N	
Diabetes	Y	N	
Epilepsy	Y	N	
Tuberculosis / Bronchitis	Y	N	
High / Low Blood Pressure	Y	N	
Dizzy Spells / Fainting Spells	Y	N	
Skin Conditions / Diseases	Y	N	
Fractures / Sprains	Y	N	
Surgery or advised to have surgery	Y	N	
Contacts / Glasses	Y	N	

To the best of my knowledge the information on this form is accurate and up to date.

Athlete's Signature

Date

Parent / Guardian Signature

Date