



**WEST AURORA HIGH SCHOOL
EMERGENCY MEDICAL AUTHORITY
FOR ATHLETES
2011-2012**



(Coach must take to all scheduled events)

STUDENT'S NAME _____ BIRTHDATE _____ AGE _____ CLASS _____
(Last) (First)

ADDRESS _____ MALE _____ / FEMALE _____
(Street) (City) (Zip) (Check One)

HOME PHONE _____ CELL PHONE _____

PHYSICIAN _____ PHONE _____ HOSPITAL _____

In case of an emergency, attempt to contact a parent at home or at work. If unable to be reached, attempt to contact the alternates listed below:

1ST ALTERNATE _____
(Name) (Phone Number) (Relationship)

2ND ALTERNATE _____
(Name) (Phone Number) (Relationship)

AUTHORIZATION FOR MEDICAL TREATMENT

I give my consent and permission to any supervising coach of the sport in which my child is participating at West Aurora High School the right, in my behalf and in my stead, to arrange for licensed and/or qualified physicians and/or trainers to render and provide immediate treatment to my child as to minor injuries that may be sustained by my child while participating in such sport, whether directly or indirectly, and whether sustained during practice or in active scholastic competition, where such injuries consist of, but are not limited to, sprains, strains, minor fractures, dislocations, lacerations, contusions, abrasions and similar injuries, and all without necessity of any further or additional express authorization by me other than for this authorization. My above permission and consent also extends to the right of any said supervising coach to arrange for immediate medical treatment by a licensed or qualified physician and/or trainer, and for them to apply such emergency techniques as may be necessary as to my child where the same, in their judgment, is deemed appropriate by reason of any injury sustained by my child, and where the same, in their judgment, is deemed reasonably necessary to preserve the life or limb of my child.

SCHOOL DISTRICT 129 DOES NOT ASSUME FINANCIAL RESPONSIBILITY FOR ACCIDENTS INCURRED.

KNOWN ALLERGIES / ADDITIONAL MEDICAL INFORMATION: _____

THIS AUTHORIZATION FORM MUST BE FILLED OUT COMPLETELY AND SIGNED BEFORE A STUDENT IS ELIGIBLE TO PARTICIPATE IN ANY SPORT AT WEST AURORA HIGH SCHOOL.

SIGNED _____ WORK PHONE _____ DATE _____
(Father / Guardian)

SIGNED _____ WORK PHONE _____ DATE _____
(Mother / Guardian)