



ST. URSULA ACADEMY ATHLETIC DEPARTMENT
EMERGENCY PERMISSION FORM

STUDENT NAME _____ SPORT _____

EMERGENCY CONTACT INFORMATION

1. Name of Parent/Guardian _____

2. Name of Parent/Guardian _____

Address of Parent/Guardian:

Address of Parent/Guardian:

Daytime Phone Number _____

Daytime Phone Number _____

Evening Phone Number _____

Evening Phone Number _____

3. List two emergency contacts other than those listed above:

Name	Relationship	Daytime phone	Evening phone
_____	_____	_____	_____
_____	_____	_____	_____

MEDICAL HISTORY

1. Please list any health problems that might be significant to a physician evaluating your child in case of an emergency:

2. Please list any allergies to medications, etc. _____

3. Has the student been prescribed an inhaler or epipen? Yes No

4. Is the student presently taking medication? Yes No

If yes, what type? _____

Medication must be taken in the presence of a designated adult.

5. Does the student wear contact lenses? Yes No

6. Please list the date of last tetanus shot. _____

7. Family Insurance Policy for which the student athlete is covered:

Insurance Company _____

Group # _____

Contract # _____

Name of Policy Holder _____

MEDICAL TREATMENT CONSENT FOR _____

Name of Student/Athlete

PART I – GRANT TO CONSENT

I hereby authorize the physician(s) for St. Ursula Academy, and/or their consulting physicians, to administer emergency care to the above named student athlete, to render any treatment or medical care to the above named student athlete that they deem necessary to protect his or her health and well-being, and to arrange for any consultant by medical specialists, including surgeons, which they deem necessary to insure the proper care and treatment of any injury.

In the absence of the school's authorized physician(s), I hereby grant permission to any qualified physician to furnish emergency medical care and treatment under the guidelines specified above.

I also hereby authorize hospitalization at an accredited hospital if deemed necessary to provide the proper care for treatment of any injury sustained by the above named student athlete.

I also hereby grant permission to qualified athletic trainers at St. Ursula Academy who are acting under the express direction and guidelines of the school's physician(s) to render any preventive medical treatment, first aid, emergency medical care or rehabilitative medical treatment deemed necessary to protect the health and well being of the above named student athlete.

I understand that the terms hereof apply to an injury, illness or other medical problem or emergency that arises as a result of or in connection with any aspect of athletic participation for St. Ursula Academy, including tryouts, practice, conditioning, meetings, games, and travel. I also understand that reasonable efforts will be made to contact parents or legal guardians before any serious or involved medical treatment.

SIGNATURE OF STUDENT/ATHLETE _____

DATE _____

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

EMERGENCY PERMISSION FORM

In the event I cannot be reached in an emergency, I hereby give my consent for:

(1) the administration of any treatment deemed necessary by Dr. _____, or
Preferred physician

Dr. _____, or in the event the designated preferred practitioner is not available, by
Preferred dentist

(2) and the transfer of the child to _____ or any hospital reasonably accessible.
Preferred hospital

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring on the necessity for such surgery, are obtained before surgery is performed.

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

PART II – REFUSAL TO CONSENT - Do not complete Part II if you completed Part I

I **DO NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to: _____

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____