

Mercer Island School District #400
Athletic Medical Emergency Authorization Form

Date _____

Sport trying out for: _____ Grade _____ Birthdate _____ Gender _____

Name _____ Father's Name _____ Mother's Name _____
(Last) (First) (Init.)

Home Phone _____ Father's Wk. Phone _____ Mothers' Wk. Phone _____

Address: _____ Father's Cell Phone _____ Mother's Cell Phone _____
(House) (Street)

_____ Email Address _____
(City) (State) (Zip.)

Emergency Contact Name _____ Emergency Contact Phone _____

Allergies _____ Drugs allergic to: _____ **Date of Last Tetanus Shot** _____

Regular Medication _____ Chronic Illness _____

Recent Injuries/Illness/Seizures (within last year):

	<i>Date</i>	<i>Injury</i>	<i>Location on Body</i>	<i>Comment</i>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Other past medical conditions that the school should be aware of are: (add any comments on students's physical condition deemed important):

Choice of Physician to be called in case of an emergency:

1. Name _____ Phone _____

Choice of Hospital to be used _____ Health Insurance Co. _____

As parent or legal guardian, I authorize the team physician, team trainer, or the coach to render the necessary emergency procedure for any such injury. I would also authorize the above persons to provide the appropriate course of professional emergency care, such as Aid Car; EMS, or emergency room transportation, including consultation and treatment by a specialist (ie. a surgeon or other medical professionals). Every effort will be made to contact the parents or guardians of the nature of the problem and the treatment involved beforehand.

SIGNED _____

(Parent or Guardian)

White: Coach Yellow: Trainer Pink: Office

In case of emergency, this vital medical information represents your child in your absence.