

Medical Treatment Form/Authorization

Student's Name: _____ Date: _____

Address: _____ Birthdate: _____

_____ Phone #: _____

Contact Lenses: Yes No Blood Type: _____ Are you allergic to any

drugs? Yes No If yes, please list: _____

Please list any medications you are currently taking: _____

Parent/Guardian Name: _____ Phone #: _____

Emergency Contact: _____ Phone #: _____

Relationship: _____ Hospital Preference: _____

Name of Insurance Company: _____ Policy #: _____

Parent Consent

_____ (athlete's name) has parental consent to participate in the activity of _____ (sport). By signing this form, I the parent/guardian acknowledges the risk involved and understand that the school will not be held responsible for any injury or damage. The parent/guardian must assume full responsibility for any injury or damage to his/her child through his/her hospital or insurance plan. If the parent does not sign this form relieving Monongalia County Schools, its coaches, athletic trainers, teachers, administrators, and other school officials from all responsibility regarding any injury or damage sustained during participation in interscholastic or intramural activities, his/her child will not be permitted to participate in that activity.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Athletic Training Care/Emergency Authorization

I, _____, parent/guardian of _____ hereby give my permission to the NATA Certified Athletic Trainer employed by Monongalia County Schools to perform immediate care and emergency treatment of injuries incurred during any interscholastic or intramural activity, and if necessary, to transport him/her to the nearest medical facility.

In case of emergency, I, _____ parent/guardian give my consent to the hospital or physician to perform or administer emergency care to my son/daughter _____.