

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 _____.