

EMERGENCY MEDICAL AND FIELD TRIP FORM

Student _____ DOB _____ Phone _____

Address _____

Parent/Guardian _____ Phone: Home _____ Work _____

Other Contact _____ Phone: Home _____ Work _____

Doctor _____ Phone _____

Insurance Company _____ Policy Number _____

Medical Information and/or Restrictions (allergies to insect bites, hypoglycemia, etc.):

I consent to and authorize the Board of Education personnel or their designee to take whatever reasonable steps he/she deems necessary in order to provide emergency medical care for my child. I further agree to permit my child to be transported to a medical facility by ambulance or other commercial vehicle.

Parent/Guardian Signature _____ Date _____ 

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Parent/Guardian Signature _____ Date _____ 

MEDICAL STATUS CHANGE

Has the medical status of your child changed since his/her last physical examination?

Yes _____ No _____

If yes, your child’s physician MUST verify and release that your child is able to fully participate in the designated sport in order to participate. Verification and release must take place from your child’s medical physician prior to participation.

If no, please indicate not applicable.

Parent/Guardian Signature

Date

CONSENT FORM

I/We hereby give my/our consent and authorize the disclosure of medical information between the coaching staff, school medical staff, and the school administration while participating in interscholastic athletics and sports.

Parent/Guardian Signature

Date

MEDICAL STATUS CHANGE

Has the medical status of your child changed since his/her last physical examination?

Yes _____ No _____

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