

# HIGH SCHOOL ATHLETIC / ACTIVITY MEDICAL EMERGENCY AUTHORIZATION FORM

Student \_\_\_\_\_  
(Print) LAST FIRST

Grade: \_\_\_\_\_ Season: FALL \_\_\_ WINTER \_\_\_ SPRING \_\_\_ SPORT \_\_\_\_\_

## CONTACT INFORMATION

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother's Phone: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Father's Phone: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Father's Email: \_\_\_\_\_

Other's Phone: \_\_\_\_\_ Name & Relationship: \_\_\_\_\_

## STUDENT INFORMATION

Birth date: \_\_\_\_\_

Allergies: \_\_\_\_\_

Epipen? Yes \_\_\_ No \_\_\_ Where will it be? \_\_\_\_\_

Inhaler? Yes \_\_\_ No \_\_\_ Where will it be? \_\_\_\_\_

Chronic Illness: \_\_\_\_\_

Regular Medication(s): \_\_\_\_\_

Hospital or facility where I prefer my son/daughter  
taken in the case of an emergency:

\_\_\_\_\_  
(Name & Location of facility)

Physician's Name: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

## CONCUSSION HISTORY

List the date(s) of any previous concussion(s):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**NOTE: You are REQUIRED to report any  
concussion(s) sustained that are not listed or are  
sustained during the season, including those that  
occur during an ISD activity/event, and  
concussions occurring outside of school.**

## MEDICAL AUTHORIZATION / CONSENT

Insurance Company: \_\_\_\_\_ Policy / Consumer No. \_\_\_\_\_

I, \_\_\_\_\_ authorize all medical, surgical, diagnostic, and  
(print legal parent/guardian name - LAST, FIRST)

hospital procedures as may be performed or prescribed by a treating physician for

\_\_\_\_\_ if I cannot be reached in the case of an emergency.

(print son/daughter's name - LAST, FIRST)

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

(LEGAL PARENT / GUARDIAN)

Address: \_\_\_\_\_ City/ST: \_\_\_\_\_ Zip: \_\_\_\_\_

NOTE: This form needs to be completed each season and turned in with eligibility materials. It will then be given to your son/daughter's coach so they can refer to the information provided in the event of an emergency.