

MEDICAL TREATMENT CONSENT

Physical on File YES NO

Athlete's Name: _____ Age: _____ Grade: _____

Athlete's Birthdate: _____

Emergency Contacts:

_____ Relationship: _____ Phone: _____

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I recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary. I also know that the school personnel may be unable to contact me for my consent for emergency medical care. I do hereby **consent** in advance to such emergency care, including hospital care, as may deemed necessary under the then existing circumstance. **I also understand that I am responsible for any expense not covered by the insurance companies.**

Please make the following notations on my son's records.

Allergies to medications: _____

Medications for long-term illness (indicate illness and medications) _____

Relevant medical information (e.g. contact lenses wearer, history of family diabetes, epilepsy, heart murmur, etc.) _____

Signature of parent /guardian _____

INSURANCE INFORMATION

If mother, father, grandparents, or guardian cover athlete with personal insurance, please list each insurance company below.

Insurance company name(s) _____

Claims mailing address(s) _____

Insured's name _____

Contract Number or Social Security Number _____

GRP Number _____ Relation to Athlete _____

Does Medicaid cover you? Yes _____ No _____ Medicaid Number _____

WARNING FORM FOR INTERSCHOLASTIC ATHLETICS

I/We give permission for _____ to participate in the interscholastic athletic program provided by the Worth County School System through the activities of Worth County High School and Worth County Middle School. This permission is provided with the realization that such activity involves the potential for injury which is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, or even death.

I/We acknowledge that this warning has been read and understood.

Parent/Guardian

Athlete