

**SPORTS MEDICAL FORM**

**I. PHYSICIAN'S CERTIFICATE**

I hereby certify that \_\_\_\_\_ has been examined by me and found physically fit to engage in all school athletics.

Remarks:

Date: \_\_\_\_\_

Physician's Signature \_\_\_\_\_

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**II. EMERGENCY TREATMENT**

To All Parents:

Since the malpractice question has come to the forefront, many hospitals and doctors will not treat a child without parent's consent (unless a matter of life or death). It is requested that you complete the information below so that if your child requires a visit to the hospital while under the supervision of the school, this will allow the hospital to treat the injury.

**EMERGENCY INFORMATION**

Name: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Sex: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's name: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Father's SS#: \_\_\_\_\_ Mother's SS#: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Another Emergency Contact Person: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy and Group Number: \_\_\_\_\_

ALLERGIES \_\_\_\_\_

**CONSENT STATEMENT AUTHORIZING TREATMENT:**

Parent's Signature: \_\_\_\_\_

Student's Signature (if over 18): \_\_\_\_\_

**III. PARENT'S CONSENT**

I hereby give my consent for \_\_\_\_\_

Student's name

to represent \_\_\_\_\_ in the sport(s) of: \_\_\_\_\_

School name

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent/guardian