

pulaski Academy and Central School

FOR EMERGENCY USE:

This form is to be completed by the parents and will be kept on record with the coach for students participating in athletic contests. It will be used **WHEN PARENTS CANNOT BE CONTACTED**, or **WHEN IT IS NOT POSSIBLE** for parents to arrive at a medical center when students are at an away athletic contest. In ALL cases, a continuing effort will be made to contact the parents.

PARENTAL PERMISSION:

Sport: _____ School year: _____

I understand that before a doctor can operate on a minor he needs **WRITTEN** parental permission and if I state **NO**, I will have to travel to the hospital to give written permission before my child can be treated. I **GIVE PARENTAL PERMISSION FOR A DOCTOR TO TREAT OR OPERATE ON MY CHILD IN CASE OF EMERGENCY.** YES _____ NO _____

Parent signature _____ Date _____

EMERGENCY INFORMATION:

PLEASE PRINT

ATHLETE'S NAME: _____ AGE _____ GRADE ____ DOB _____
PARENT/GUARDIAN NAME _____ HOME PHONE _____
ADDRESS _____ ZIP _____
PHONE NUMBER DURING DAY: FATHER _____ MOTHER _____

IF THE PARENTS CANNOT BE CONTACTED PLEASE NOTIFY:

NAME _____ PHONE NUMBER _____

PREFERRED HOSPITAL _____ KNOWN ALLERGIES _____

The team coach may apply first aid treatment until the family doctor can be contacted. Yes ____ No ____
We give our consent for coaches to secure medical aid and ambulance service in case the parents cannot be reached. Yes ____ No ____

HEALTH HISTORY:	YES	NO
Kidney Injuries		
Heart condition or disease		
Diabetes		
Asthma		
While competing do you wear: glasses		
Contacts		

Date of last tetanus? _____

Allergy to any medication (please state)

NOTE: This form allows for a parent's signature, two witnesses and/or a notary. Some of the hospitals will not accept witnesses and require the form is notarized. If witnesses, must have two.

PARENT'S SIGNATURE _____ DATE _____

NOTARY: _____ OR WITNESSES: _____

SIGNATURE

DATE

Medical Release Form