

Putnam City School District Athletic Department

Medical Consent Form

Athlete _____ Male _____ Female _____ Sport(s) _____

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, X-ray examination and immunization for the above named student. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above named student may be given.

In the event that an emergency arises during practice session, an effort will be made to contact the parents or guardians as soon as possible. Permission is also granted to the athletic trainer to provide the needed emergency treatment to the athlete prior to his/her admission to the medical facility.

Signature of Parent or Guardian

Date

PHONE NUMERS WHERE PARENTS CAN BE REACHED: (Both Parents or Guardians)

Athlete lives with: Both Parents _____; Mother _____; Father _____; Guardian _____

HOME Phone(s) _____

Mom's WORK _____ Dad's WORK _____

Mom's CELL _____ Dad's CELL _____

Other: _____
(Relative or Close Friend)

Family Medical Information

Name of Family Physician: _____

Phone Numbers: Office _____ Home: _____

Insurance Company Name: _____

Policy Holders Name: _____ Policy Holders Social Security Number _____

Policy Number: _____ Hospital Preference: _____

List any known Allergies: _____