

# Cambria Heights Athletic Department

## Parental Consent Form for Emergency Treatment

Parent consent is necessary to treat your child if an emergency occurs and a parent or guardian is not at the emergency site. For those occasions when you are not present or available, consent for treatment may be given in advance by completing this form.

Child's Name: \_\_\_\_\_ Male / Female (circle one)

Date of Birth \_\_\_\_\_ Phone # \_\_\_\_\_

Grade for 2017-2018 School Year: \_\_\_\_\_ List ALL of your sports below and in Section 2 parent **signature** required beside sports for permission for participation.

Fall Sport(s) \_\_\_\_\_ Winter Sport(s) \_\_\_\_\_ Spring Sport(s) \_\_\_\_\_

### Medical Problems/Concerns

Anemia Yes \_\_\_ No \_\_\_

Diabetes Yes \_\_\_ No \_\_\_

Bee Sting Allergy Yes \_\_\_ No \_\_\_  
(EpiPen) Yes \_\_\_ No \_\_\_

Asthma Yes \_\_\_ No \_\_\_  
(Inhaler) Yes \_\_\_ No \_\_\_

Heart Problems Yes \_\_\_ No \_\_\_

Seizure Activity Yes \_\_\_ No \_\_\_

Wears Contact Lenses Yes \_\_\_ No \_\_\_

History of Head Injuries (Concussion) Yes \_\_\_ No \_\_\_

Allergies: \_\_\_\_\_ Past Orthopedic Injuries \_\_\_\_\_

Other: \_\_\_\_\_

If any above are "YES" please explain: \_\_\_\_\_

Medications on a daily basis: \_\_\_\_\_

Date of most recent Tetanus Immunization \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Family doctor \_\_\_\_\_ Phone# \_\_\_\_\_

Ambulance will be called if it is deemed necessary or if in doubt regarding the medical condition.

I hereby authorize consent to provide any and all emergency services deemed necessary for the welfare of my child in my absence.

\_\_\_\_\_  
Parent/Legal Guardian **PRINTED** Name

\_\_\_\_\_  
Parent/Legal Guardian **SIGNATURE**

1<sup>st</sup> Contact \_\_\_\_\_ Phone# \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

2<sup>nd</sup> Contact \_\_\_\_\_ Phone# \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_