

Owen J. Roberts Athletic Department
Emergency Procedure Information

_____	_____	_____
Athlete Last Name	Athlete First Name	Grade Level
_____		_____
Athlete Address (street)		Sport
_____		_____
City, State, Zip Code		Phone
Parent's Name: _____		
Parent Email Address: _____		
Student Email Address: _____		

_____	_____
Family Physician (please print)	Physician Phone
Hospital Preference:	
1. _____	
2. _____	

MEDICAL AUTHORIZATION AND CONSENT:
(To be completed by the parent/guardian of the athlete)

In the event of an emergency which would require medical care and treatment to be administered to the athlete, I hereby authorize any physician, hospital, or other health care provider to give emergency medical care and treatment to this athlete.

I, _____, parent/guardian of _____, give my legal authorization to have my son/daughter/guardian receive emergency medical care.

Signed _____

Phone: Home: _____ Work: _____ Cell: _____

Give this form to your respective coach.