

DOWNINGTOWN AREA SCHOOLS
MEDICAL CONSENT FORM

ATHLETE: _____

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, X-ray examinations and immunizations 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 a 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 of the athlete prior to his admission to the medical facilities.

SIGNATURE OF PARENT/GUARDIAN

DATE

Phone numbers where parents can be reached:

Office: _____

Home: _____

Other: _____

Name of Family Physician: _____

Physician Phone Number: _____

Hospital Preference: _____

Emergency contact if parent cannot be reached:

_____	_____
Name	Phone

Medic-Alert History: _____

Insurance Carrier: _____

Insurance Number: _____