

PUTNAM CITY HIGH SCHOOL 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 or coach to provide the needed emergency treatment to the athlete prior to his admission to the medical facilities.

Signature of parent or guardian Date

Phone numbers where parents can be reached:

Office _____ Name of Family Physician _____

Home _____

Other _____ Phone number _____

		Health History			
	Yes	No	While competing, do you wear:	Yes	No
Kidney injuries	___	___	Glasses	___	___
Heart condition or disease	___	___	Contacts	___	___
Diabetes	___	___	Date of last tetanus shot: _____		
Asthma	___	___			
Allergy to any medications	___	___			
Please State:	_____				

INSURANCE INFORMATION

Company Name: _____

Policy Holder's Name: _____

Policy Number: _____

Social Security Number: _____