WILLOUGHBY- EASTLAKE SCHOOLS ATHLETIC EMERGENCY INFORMATION

Athlete's name: Last, First MI		Address	City		Zip	
Birth date	Grade	Fall Sport	Winter Sport	Spring Sport	Student ID #	
Dear Parents: It is occasionally ne	cessary to communica	e with a parent during	g an athletic activity be	cause of an accident	or sudden illness.	
Parent's Name		Address			Home Phone	
Legal Guardian or Person v	with whom Child Live	S			Phone	
Father employed? Yes No Mother employed? Yes No If we can contact father at work, please give Phone					give Phone	
If we are unable to cor <u>NAME</u>		or at your place of	business, is there a TIONSHIP	relative or frienc		
IN AN EMERGENCY, W CHILD TO THE NEARES				ORIZE THE SCHO	OOL TO TAKE YOU	
DOES YOUR CHILD HA	VE HEALTH INSUR	ANCE? YES N	NO CARRIER_		_	
PHYSICIAN'S NAME			DENTIST'S NAME			
Address	sPhone		Address		Phone	
PART I - TO GRANT PURPOSE - To enable prinjured while under school In the event reasonable a guardian) at treatment deemed necess (preferred dentist), or, in (2) the transfer of the ch	consent parents and guardians to authority, when parents to contact me (phone number) sary by Dr the event the designation.	o authorize the provise tents or guardians can athave been unsuccessf(pre	nnot be reached. (phone number) or ul, I hereby give my conferred physician)or D		ho become ill or other parent or lministration of any ysician or dentist; and	
Signature of Par		Date				
This authorization does not necessity for such surgery,				nsed physicians or d	entists, concurring in	
PART II REFUSAI	L TO CONSENT **	** <u>DO NOT SIGN P</u> A	ART II IF YOU SIGN	ED PART I***		
I do not give consent for wish the school authoriti		•	In the event of illness of	or injury requiring e	mergency treatment, l	
Signature of Parent/Gu	ıardian		Date			

Please list additional facts concerning the child's medical history including allergies, medication(s) being taken, and any physical impairment to which the coach or physician should be alerted.