

Medical Emergency Information Form - Port Townsend High School

Student Name _____ Sport _____ Grade _____

Home Address _____ Date of Birth _____

Parent or Guardian _____ Date of Physical _____

Phones - Home _____ Work _____ Cell _____

Physician _____ Phone _____

Emergency Contact _____

Phones - Home _____ Work _____ Cell _____

Insurance Company _____

Insurance Policy number _____

• Medications _____

• Allergies _____

• Medical History _____

For Office
Use Only

Medical Authorization

As parent or legal guardian, I authorize the team physician or in his/her absence, a qualified physician, to examine my child _____ and in the event of injury to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, that he/she deems necessary to insure proper care of any injury. Every effort will be made to contact a parent or guardian prior to any involved treatment.

Date

Parent / Guardian