



Portage Mustang Athletics

Emergency Treatment Parent Consent

Parental consent is necessary to treat your child if an emergency occurs and a parent or guardian is not present or available. For those occasions, consent for treatment may be given in advance by completing this form.

Child's name: _____ Birthdate: _____

Home address _____

Telephone: (Home) _____ (Cell) _____

Permanent Medications: _____

Allergies: _____

Wear glasses: Yes _____ No _____ Wear contact lenses: Yes _____ No _____

Date of most recent Tetanus Immunization: _____

Medical conditions/concerns: Anemia: Yes _____ No _____

Asthma: Yes _____ No _____

Diabetes: Yes _____ No _____

Other: _____

Family Doctor: _____ Phone: _____

Hospital of Choice: _____

I hereby authorize consent to provide any and all emergency services deemed necessary for the welfare of child in my absence.

Parent/Legal Guardian Name (Print)

Parent/Legal Guardian Signature

Date: _____

The information provided will remain confidential with the PASD coaches, athletic trainer, and school nurse.

