Kings Athletics
Information Sheet / Emergency Medical Form

Student's Name: _____ Sex:_____
Last First MI

Address:_____
Street City Zip

Phone:_____ Date of Birth:_____ E-mail:_____

Mother's Name:_____ Daytime Phone:_____Work Phone:_____

Father's Name:_____ Daytime Phone:_____ Work Phone:_____

Other Name:_____ Daytime Phone:_____ Work Phone:_____

Part I OR Part II MUST BE COMPLETED

Part I – To Grant Consent

I hereby give consent for the following medical care providers and local hospitals to be called:

Doctor:_____ Phone:_____

Dentist:_____ Phone:_____

Medical Specialist:_____ Phone:_____

Local Hospital:_____ Phone:_____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above-named doctor or, in the event the designated practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted is printed on my child's physical form.

Also, I verify that he/she is covered by medical insurance in case of injury. (According to KLSD policies, all student-athletes must be covered by medical insurance – the school can provide, at an additional cost, insurance if necessary – please see the A.D.)

Insurance Co:_____ Policy#:_____

Date:_____ Signature of Parent/ Guardian:_____

Address:(If different from student)_____

Part II – Refusal of Consent

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Date: _____ Signature of Parent or Guardian:_____

Address: (If different from student)_____