

**CONSENT FOR ATHLETIC TRAINING SERVICES  
EMERGENCY MEDICAL TREATMENT**



RETURN TO THE: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student's Address: \_\_\_\_\_ City: \_\_\_\_\_

Parent (Guardian) Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Father: Work Phone \_\_\_\_\_ Cell: \_\_\_\_\_

Mother: Work Phone \_\_\_\_\_ Cell: \_\_\_\_\_

In case of emergency and the absence of parent/guardian, please list two people you recommend we call:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

List any known allergies: \_\_\_\_\_

List any medications student is taking and why: \_\_\_\_\_

List any physical disabilities: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Name of Medical Insurance Company or Plan: \_\_\_\_\_

Policy Number(s): \_\_\_\_\_

Health Maintenance Organization (HMO)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is your primary care facility: \_\_\_\_\_

**CONSENT & AUTHORIZATION**

I hereby authorize the employed or contracted staff of Clarinda Community High School Athletic Department ("Department") (i.e., administrators, coaches, athletic trainers, team physician, and/or other assigned medical personnel) to provide athletic training services to my son/daughter/ward and to secure any necessary medical assistance on behalf of my son/daughter/ward. I further authorize these individuals to discuss my son/daughter/ward's medical condition with other health care personnel, which the Department deems appropriate. To the fullest extent permitted by law, I do hereby indemnify and hold harmless the Department, entities, and other persons who act in reliance upon this authorization. This document is valid for all years of student's enrollment at Clarinda Community High School. Any changes to above information needs to be made with the athletic trainer and is up to the responsibility of the parent/guardian.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student (if 18 years old) Signature: \_\_\_\_\_ Date: \_\_\_\_\_