

PLEASE PRINT

SPORT _____

GRADE _____

**STANWOOD-CAMANO SCHOOL DISTRICT
EMERGENCY AUTHORIZATION FORM
(To be filled out by parent/guardian. Please answer each question)**

NAME _____ **BIRTHDATE** _____ **AGE** _____

PARENT/GUARDIAN #1 _____
NAME/PHONE/CELL/PAGER#

PARENT/GUARDIAN #2 _____
NAME/PHONE/CELL/PAGER#

IN AN EMERGENCY, IF PARENTS CANNOT BE CONTACTED, NOTIFY THE FOLLOWING, WHO HAS OUR PERMISSION TO GIVE MEDICAL RELEASE:

NAME _____ **PHONE#** _____

FAMILY DR. _____ **DR. PHONE #** _____

PREFERRED HOSPITAL _____

KNOWN ALLERGIES OR CHRONIC PROBLEMS _____

HAVE YOU HAD A HEAD INJURY SINCE YOU LAST PARTICIPATED IN A SCHOOL SPORT? YES ___ NO ___

The team physician, trainer and coach may apply first aid treatment until the family doctor can be contacted.

Yes _____ **NO** _____

I, _____, the parent/guardian of the above named student, hereby give permission for the coaches, athletic trainer, and other appropriate school district personnel to use their own judgment in securing medical aid, ambulance service, and the release of any medical records they deem necessary for the treatment of my student.

Yes _____ **NO** _____

Please list below those persons with whom we may not share medical information:

DATE _____ **PARENT/GUARDIAN SIGNATURE** _____