



# Mona Shores Public Schools

## Emergency and Medical Information



**TO BE COMPLETED BY PARENTS AND RETURNED TO THE COACH:**

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_, recognize that as a result of athletic participation medical treatment on an emergency basis may be necessary and further recognize that school personnel may be unable to contact me for my consent for emergency medical care: I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstances and to assume the expenses of such care.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian E-Mail: \_\_\_\_\_

### EMERGENCY INFORMATION:

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

In case of emergency contact (parent, guardian, aunts, uncles, etc.):

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ #: \_\_\_\_\_

Family Insurance Company: \_\_\_\_\_ Contract #: \_\_\_\_\_

**PLEASE DETAIL ANY SPECIAL MEDICAL INFORMATION (ALLERGIES, ADDICTIONS, PRESCRIPTIONS):**

---



---



---