

EMERGENCY PERMISSION FORM
(To be Completed and signed by parent/guardian)

STUDENT'S NAME _____ GRADE _____ AGE _____

SCHOOL _____ CITY _____

NAME OF DOCTOR _____

Please list any significant health problems that might be significant to a physician
evaluating your child in case of an emergency _____

Please list any allergies to medications, etc _____

Has student been prescribed an inhaler or epipen? _____

Is student presently taking medication? _____ If so, what type? _____

Does student wear contact lenses? _____ Please list date of last tetanus shot _____

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of CHANDLER SCHOOLS to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above.

Daytime phone number (where to reach you in emergency) _____

Evening time phone number (where to reach you in emergency) _____

Signature of parent of guardian _____ Date _____

Relationship to student _____

EMERGENCY PERMISSION FORM MAY BE REPRODUCED TO TRAVEL WITH RESPECTIVE TEAMS AND IS ACCEPTABLE FOR EMERGENCY TREATMENT IF NEEDED.

I certify all the above information is correct _____

Parent/Guardian Signature