



MUSTANGS

ATHLETIC EMERGENCY MEDICAL & PERMISSION FORM

Coach's Name: _____ Class: _____

Student's Name: _____ Date of Birth: _____

Address: _____
Street City Zip

Physician: _____ Phone#: _____
Dentist: _____ Phone#: _____

Mother or Legal Guardian: _____ Employer: _____
Phone: Day: _____ Evening: _____ Cell: _____ Beeper: _____

Father or Legal Guardian: _____ Employer: _____
Phone: Day: _____ Evening: _____ Cell: _____ Beeper: _____

Emergency Contact (non-parent): _____ Relationship: _____
Phone: Day: _____ Evening: _____ Cell: _____ Beeper: _____

HEALTH HISTORY

Please indicate specific details on the reverse side

Asthma	___ Y ___ N	Convulsions	___ Y ___ N
Diabetes	___ Y ___ N	Epilepsy	___ Y ___ N
Hypoglycemic	___ Y ___ N	Allergies	___ Y ___ N (Explain below)
Eyeglasses	___ Y ___ N	Contacts	___ Y ___ N
Daily Medication	___ Y ___ N (List below)	Medical Limitations	___ Y ___ N (Explain below)
Physical Limitations	___ Y ___ N (Explain below)	TB Test Date	_____ Results _____
Date of last Tetanus shot: _____		Other (Explain below)	_____

Specifics: _____

INSURANCE INFORMATION

Insurance Company: _____

Name of Insured: _____ Relationship: _____

Policy number: _____ Certificate number: _____

PERMISSION FOR EMERGENCY TREATMENT

I have completed the health history above and hereby give the Headmistress of Unity School (or other authorized representative) permission to obtain necessary emergency medical care for my child in the event that no emergency contact can be reached. We affirm our understanding and agreement to all terms, conditions and provisions of the Enrollment Agreement.

I, _____, give my permission for my son/daughter _____ to participate in the Unity School Athletic Program.

Signature - (Mother or Legal Guardian)

Print - (Mother or Legal Guardian)

Date

Signature - (Father or Legal Guardian)

Print - (Father or Legal Guardian)

Date