

ST. ROSE ATHLETIC DEPARTMENT

CONSENT TO TREAT FORM

Athlete: _____ Sport: _____

In case of emergency, I _____ give permission for my son /daughter to be treated on site at a school event.

Daytime phone number: _____

Home phone number: _____

Cell phone number: _____

Person to contact if unavailable: _____

Contact's phone number: _____

Medical Information

My son/daughter suffers from:

Asthma? Yes No

Asthma Inhaler? Yes No

Daily Medications? Yes No

Diabetes? Yes No

Insulin? Yes No

Seizures? Yes No

Seizure Meds? Yes No

Skeletal/Muscular Condition? _____

Any Daily Medications? _____

Preferred Hospital: _____

Insurance Company: _____

Subscriber Name: _____

Parent Signature: _____ Date: _____