

St. Rose School
Medical Emergency Authorization Form

NAME OF STUDENT ATHLETE _____
(Last) (First) (M.I.)

As a parent or legal guardian, I authorize a qualified physician to examine the above named student and in the event of injury to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, s/he deems necessary to insure proper care of any injury. An effort will be made to contact parent or guardian to explain the nature of the problem prior to any involved treatment.

Parent or Guardian Signature Date Insurance Carrier

Home Phone Business/Alternate #

Emergency Contact?(name, relationship and phone number)

Medical Problems (allergies, etc.) _____

Medications presently used _____

Comments _____

Copies: Coach
 Office