Cottonwood Union School District Permission to Participate & Medical Waiver

PURPOSE: To enable parents and guardians to authorize the provision of emergency treatment for student-athletes who become ill or injured while under school authority, when parents or guardians cannot be reasonable reached.

SPORT: C. Country___ Soccer___ Volleyball___ Basketball___ Cheerleading___ Baseball___Softball___ Track___
Band _____ Flag Team _____ Hiking Club _____

1. NAME (last)_____ (first) _____(mi)_____Grade_____ Date_____
   ADDRESS (residence)_____ Sex_____ Age____ Birthdate_____
   CITY _____ Zip_____ Phone _____Social Security # _____
2. Father's Name _____ Phone_____ Employer_____ Phone_____
3. Mother's Name _____Phone_____Employer_____Phone_____
4. Name and phone number of person, other than parent or guardian, who is authorized to approve emergency medical treatment:
   Name_____Phone_____
5. Doctor _____Phone_____ Dentist _____Phone_____
   Health Insurance Co. _____Policy I.D. # _____ Agent_____Phone_____

In the event reasonable attempts to contact me/us at above-locations, or other person(s) named in item 4, full authorization is given for (1) the administration of any treatment deemed to be necessary by a licensed trainer, or medical practitioner; and (2) the transfer of son/daughter or ward to any licensed trainer, or medical practitioner; and (3) the transfer of son/daughter or ward to any licensed hospital or emergency clinic reasonable accessible. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide Authority and Power on the part of school authorities and aforesaid agent(s) to give reasonable care. Facts are given below concerning the student's medical history which a medical practitioner should know.

Blood Type_____Allergies_____Allergies to specific medication(s) _____
Glasses or Contacts _____False Teeth or Bridgework_____Last Tetanus Booster _____
Any previous significant medical problems_____
Date_____Signature of Parent/Guardian_____