

## Valley City Junior High/High School Medical Emergency Form

FFE-E2

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

I certify that \_\_\_\_\_ is physically and mentally capable to fulfill the requirements and expectations of a Jr. high/High school player. I understand that playing sports is an activity in which there is risk of injury. I understand that this form legally releases all obligations and responsibilities for the medical treatment of my son/daughter in the event of illness or injury during any related activity when either parent cannot be reached. If there is any physical or medical reason why he should not participate fully, the school requires a doctor's release.

In the event of an emergency occurring while my son/daughter is on an athletic trip, I grant permission to the school and its employees to take whatever action necessary. In the event that I cannot be reached, I hereby authorize the school and/or its employees to give consent for my son/daughter \_\_\_\_\_, to receive medical treatment.

Parent's Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Person to be notified other than parent or guardian in an emergency:

Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

\_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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Medical Information: Circle one.

Heart condition or disease	Yes	No	Diabetes	Yes	No
Convulsions disorder	Yes	No	Asthma	Yes	No
Allergic to medication	Yes	No	Allergic to insect stings	Yes	No

List allergies: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

Any medications currently receiving: \_\_\_\_\_

Additional Information that may be helpful: \_\_\_\_\_  
\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

If you do not grant permission or authorization for consent for medical treatment, what procedure should be followed?  
Explain below.