

## Medical Treatment Form/Authorization

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
\_\_\_\_\_ Phone #: \_\_\_\_\_  
Contac Lenses: Yes No Blood Type: \_\_\_\_\_ Are you allergic to any  
drugs? Yes No If yes, please list: \_\_\_\_\_  
Please list any medications you are currently taking: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_  
Name of Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

### Parent Consent

\_\_\_\_\_ (athlete's name) has parental consent to participate in the activity of  
\_\_\_\_\_ (sport). By signing this form, I the parent/guardian acknowledges the risk involved  
and understand that the school will not be held responsible for any injury or damage. The parent/guardian  
must assume full responsibility for any injury or damage to his/her child through his/her hospital or  
insurance plan. If the parent does not sign this form relieving Monongalia County Schools, its coaches,  
athletic trainers, teachers, administrators, and other school officials from all responsibility regarding any  
injury or damage sustained during participation in interscholastic or intramural activities, his/her child  
will not be permitted to participate in that activity.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Athletic Training Care/Emergency Authorization

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ hereby  
give my permission to the NATA Certified Athletic Trainer employed by Monongalia County Schools to  
perform immediate care and emergency treatment of injuries incurred during any interscholastic or  
intramural activity, and if necessary, to transport him/her to the nearest medical facility.

In case of emergency, I, \_\_\_\_\_ parent/guardian give my consent to the hospital  
or physician to perform or administer emergency care to my son/daughter \_\_\_\_\_.