

\*\*\*PARENT TO FILL OUT COMPLETELY AND SIGN\*\*\*



Union Ridge School District 86

**AUTHORIZATION FOR EMERGENCY MEDICAL SERVICES for STUDENTS  
PARTICIPATING IN INTERSCHOLASTIC SPORTS**

**PARENTS:** Please keep in mind that this information will accompany the student when it is necessary to take him/her to the emergency room and parents/guardians are not available

**This form is to be filled out completely and returned to the school before the student will be allowed to practice, compete, and/or participate in interscholastic sports for the current school year. Only one form is necessary per school year unless there have been changes in any of this information.**

Student's Name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Home Phone: (     ) \_\_\_\_\_

Father's work phone: (     ) \_\_\_\_\_ Mother's work phone: (     ) \_\_\_\_\_

Father's cell phone number (     ) \_\_\_\_\_

Mother's cell phone number (     ) \_\_\_\_\_

Student takes medication regularly? ☐ No ☐ Yes ( If yes, please list medications)

**NOTE: Students with current asthma/allergy problems should have their inhalers, Epi-pens, etc. in their possession for all practices and games both home and away.**

Allergies: (please list) \_\_\_\_\_

Significant past medical problems or injuries: \_\_\_\_\_

Date of last tetanus injection: \_\_\_\_\_

I authorize the activity leader/coach of the Union Ridge School to obtain emergency medical care for my child for injury sustained as a result of participation in extracurricular activities including travel. Permission is also given to the attending paramedic and/or physician to treat said minor in my absence. The activity leader/coach will carry this signed form on all trips to insure the proper care and treatment of my child.

Parent's/Guardian's Signature

Date