

This completed form is required for participation in any sports.

Sports: _____

PENN HIGH SCHOOL EMERGENCY INFORMATION FORM

(To be used by athletic training staff)

Name: _____ Date of Birth: _____ Age: _____ Sex: _____ Grade: _____

Address: _____ City/Zip: _____

Student Cell Phone: _____ Student Email: _____

Father's Name: _____ Cell Phone: _____

Work Phone: _____ Home Phone: _____

Father's Email: _____

Mother's Name: _____ Cell Phone: _____

Work Phone: _____ Home Phone: _____

Mother's Email: _____

Family Physician: _____ Phone: _____

Hospital Preference: _____

EMERGENCY CONTACT IN CASE PARENT CANNOT BE REACHED

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

MEDICAL INFORMATION

Please list any allergies to medications as well as any medications being taken, or serious illness/injuries:

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the above named student. In the event of serious illness, the need for major surgery or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above named student may be given. In the event of a serious or potentially serious medical emergency arises during a practice or game, and I cannot be contacted, I grant permission for medically trained school staff to perform whatever supportive measures they deem necessary until such time as either (1) I can be contacted, (2) medical personnel can attend, (3) or transportation to a regular medical facility can be arranged.

**SIGN
HERE**

Signature of Parent/Guardian: _____ Date: _____

PERMISSION TO ADMINISTER OTC MEDICATION

The Penn High School Certified Athletic Trainers or persons designated by him/her are hereby given my permission to administer **non-prescription, over the counter (OTC) medications** to the above-designated student. Further consent is hereby given to administer prescription medication to the above-designated student when prescription is properly labeled and is accompanied by a written request by the professional person who prescribed the medication.

I Do _____ I Do Not _____ give permission for an OTC drug to be administered to the above named student.

Please indicate below what, if any, medications you do not want given to the above named student.

**SIGN
HERE**

Signature of Parent/Guardian: _____ Date: _____