



Pre-Participation Student Emergency Information and Medical Treatment Authorization Form

Student's Name: _____

Father's Name: _____

Home/Cell Phone# _____

Employer: _____

Work Phone # _____

Mother's Name: _____

Home/Cell Phone # _____

Employer: _____

Work Phone # _____

Additional Contact Name (if any): _____

Home/Cell Phone # _____

Employer: _____

Work Phone # _____

Allergies/Serious Medical Condition: _____

Medical Treatment Authorization:

I hereby grant consent to authorize health care providers designated by UME Prep Academy to provide my child _____ any emergency medical care as a result of any injury/illness.

This consent includes First Aid, CPR, and transportation to/from health care providers.

Parents Signature: _____ Date: _____