



East Valley Middle School

Nampa School District 131

SPORTS EMERGENCY INFORMATION FOR

Athlete's Name: _____

Parent/Guardian's Name: _____

Address: _____

Phone: _____

EMERGENCY MEDICAL INFORMATION

Allergies: _____

Medication taken regularly: _____

Other conditions: _____

Family Physician: _____

Phone: _____

MEDICAL TREATMENT CONSENT FOR:

Athlete's Name: _____

As a parent or guardian of the above named student athlete, I hereby give my permission for an authorized school official to obtain professional medical attention, including transportation, diagnostic testing, and necessary hospitalization, for my son or daughter in case of injury or illness while participating (practice or competition) in the athletic program at East Valley Middle School during this current school year.

This student athlete is covered by

School Medical Insurance

Family Medical Insurance/Company Name: _____

Signature Parent/Guardian

Date