

School _____

FARMINGTON PUBLIC SCHOOLS' DEPT. OF ATHLETICS EMERGENCY INFORMATION CARD

ATHLETIC TRAINER COPY

Name _____
Birthplace _____ Home Phone _____
Address _____
Father's Work Place _____ Phone _____
Mother's Work Place _____ Phone _____
Other Person Who May Be Contacted In Case Of Emergency
_____ Phone _____
_____ Phone _____

School _____

FARMINGTON PUBLIC SCHOOLS' DEPT. OF ATHLETICS EMERGENCY INFORMATION CARD

COACH'S COPY

Name _____
Birthplace _____ Home Phone _____
Address _____
Father's Work Place _____ Phone _____
Mother's Work Place _____ Phone _____
Other Person Who May Be Contacted In Case Of Emergency
_____ Phone _____
_____ Phone _____

MEDICAL TREATMENT CONSENT (To be completed by parents)

I, _____, the parent or guardian of _____, recognize that as a result of athletic participation medical treatment on an emergency basis may be necessary and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstances.

Date _____
Signature of Parent or Guardian _____

FORM A-180M-90

MEDICAL TREATMENT CONSENT (To be completed by parents)

I, _____, the parent or guardian of _____, recognize that as a result of athletic participation medical treatment on an emergency basis may be necessary and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstances.

Date _____
Signature of Parent or Guardian _____

FORM A-180M-90