

Piqua Catholic Emergency Medical Form

(To be Completed and signed by parent/guardian)

STUDENT'S NAME _____ GRADE _____ AGE _____

DOCTOR'S NAME _____ PHONE # _____

SPORT CURRENTLY PARTICIPATING IN _____

Please list any significant health problems that might be helpful to a physician evaluating your child in case of an emergency _____

Please list any allergies to medications, ect. _____

Has student been prescribed an inhaler or epipen? _____

Is student presently taking medication? _____

If so, what type? _____

Does student wear contact lenses? _____

Please list date of last tetanus shot. _____

EMERGENCY AUTHORIZATION: In the event reasonable attempts to contact me or my designee have been unsuccessful, I hereby give my consent to the coaching staff of any treatment deemed necessary by family physician or dentist. In the event the designated practitioner is not available, authorization is granted for treatment by another licensed physician or dentist.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist, concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Daytime phone number _____ Evening phone number _____

Signature of parent or guardian _____ Date _____

In case I can not be reached, you should contact _____

Phone Number _____