DEER VALLEY
Unified School District

ATHLETICS-CONSENT FOR EMERGENCY CARE/TREATMENT

Student Name_____ **Student Date of Birth** _____

Student ID #_____ **Grade**_____

Sport(s): Fall_____ Winter_____ Spring_____

In the event that an athletic injury or illness should occur to the above named student athlete while participating in a sanctioned athletic activity at a Deer Valley Unified School District site, I give my permission for them to receive proper/necessary care from a certified/licensed athletic trainer, physician or other health care individual. Furthermore, in the event that a medical emergency should occur and I cannot be contacted, I give my permission for a representative to arrange for ambulance service to the nearest medical facility. I also give permission for the staff of the medical facility to render treatment, which is considered necessary, for the student athlete's well-being and health.

_____

Signature of Parent/Guardian Date

_____

Print Name of Parent/Guardian Name Mailing Address

Father's phone numbers _____

Primary Secondary

Mother's phone numbers _____

Primary Secondary

Health Insurance Information:

Insurance Co:_____ Policy No:_____

IN CASE OF EMERGENCY – if parent/guardian is not available – contact:

Friend/Relative _____ Phone _____

Friend/Relative _____ Phone _____

Family Physician _____ Phone _____

Hospital _____ Insurance Co & Policy # _____

PLEASE LIST ANY CONDITIONS, MEDICATIONS OR ALLERGIES BELOW:

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