

PEORIA UNIFIED SCHOOL DISTRICT



EMERGENCY FORM

For Office Use Only
Cleared for Participation
Fall _____ Date _____
Winter _____ Date _____
Spring _____ Date _____

(All items to be filled in prior to the issuance of athletic gear)

Student _____ Date _____
Address _____ Home Phone _____
Father _____ Work Phone _____
Mother _____ Work Phone _____
Other _____ Phone _____
Doctor _____ Phone _____
Hospital Preference _____ Phone _____
Insurance Company _____ Phone _____
Policy Number _____

HEALTH PROBLEMS: Check if appropriate

Asthma [] Diabetes [] Epilepsy [] Bee Sting [] Allergies [] Heart Problem []

Allergic to any Medications, please name _____

Other/Specify _____

Medications currently taking _____

CONSENT FOR ATHLETIC EMERGENCY CARE

BE IT KNOWN that in the event I cannot be reached, I the undersigned parent or guardian of the student named above, do hereby give and grant unto any licensed or certified health care professional or hospital, my consent and authorization to render such aide, treatment or care to said student as in the judgment of said doctor or hospital may be required, on an emergency basis, in the event said student should be injured or stricken ill while participating in an Interscholastic activity sponsored by the above named school.

[] Yes, I give my consent. [] No, I do not give my consent.

Signature _____ Date _____