

Student Name _____ Date _____
Please Print

**SCHOENBAR MIDDLE SCHOOL
KETCHIKAN, ALASKA**

MEDICAL CONSENT FORM

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, X-ray examinations and immunizations for the above named student. In the event of serious illness, the need for major surgery or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above named student may be given.

In the event an emergency arises during a practice session, an effort will be made to contact the parents or guardian as soon as possible. Permission is also granted to the coaches to provide the needed emergency treatment to the athlete prior to his/her admission to medical facilities.

Contact Information:

Mother Name _____

Mother Phone: Work _____ Home _____ Cell _____

Father Name _____ (please print)

Father Phone: Work _____ Home _____ Cell _____

Guardian Name _____ (please print)

Guardian Phone: Work _____ Home _____ Cell _____

Name of Family Physician: _____ (please print)

Other Health Concerns / information (Diabetes-Asthma Etc) _____

Signature of parent or guardian