

# EMERGENCY MEDICAL TREATMENT FORM

Coaches should have the parents of each player complete Section I of this form prior to the beginning of scheduled practices.

Coaches should maintain these forms for immediate reference should an injury occur which requires emergency treatment.

## SECTION I

( to be completed by Parent or Legal Guardian )

Name of Player: \_\_\_\_\_ Team: \_\_\_\_\_

Name of Father: \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

Name of Mother: \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

Individual Medical Insurance Company or Plan \_\_\_\_\_

Policy Number which covers player \_\_\_\_\_

In the event my child should require first-aid or emergency medical treatment, I do hereby consent for the necessary actions to be taken by the Judson College Athletic Department or the coaching representatives. These actions may include emergency first-aid and transportation to a local medical facility.

Signature: \_\_\_\_\_  
Parent or Guardian

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## SECTION II

(to be completed by coach and turned in)

Name of Player: \_\_\_\_\_ Date: \_\_\_\_\_

Time of Accident \_\_\_\_\_ Nature of Accident \_\_\_\_\_

Person Administering First-Aid \_\_\_\_\_

Summary of Accident \_\_\_\_\_

Signature: \_\_\_\_\_  
Team Coach