



Knowledge and Faith for a Purposeful Life

## 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*

### 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*