



Knowledge and Faith for a Purposeful Life

EMERGENCY MEDIAL TREATMENT ROFM

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