Student Name_____
(Please Print)

Sport _____Grade_____

Fife School District
Parent/Student
Medical Emergency Authorization Form

As parent or legal guardian, I authorize the team physician or in his absence, a qualified physician to examine the above-named student and in the event of injury to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, he deems necessary to insure proper care of any injury. Every effort will be made to contact parent or guardian to explain the nature of the problem prior to any involved treatment.

_____ _____
Signature of Parent or Guardian *Date*

Parent/ Guardian_____

Address_____

Home Phone_____ Cell Phone_____

Emergency Contact _____Relationship_____

Phone number_____

Physician_____ Physician's Phone_____

Medical Insurance Coverage _____ID#_____
(Insurance information must be complete for student to participate)

I have read the statements concerning the Notification of the Parent/ Student Activity Participation Statement, The Medical Emergency Authorization Form and the Activity Code of Conduct and agree to abide by the stated guidelines.

_____ _____
Student Signature (Black or Blue ink only) *Date*

_____ _____
Parent Signature (Black or Blue ink only) *Date*