

Medical Treatment Permission Form

I hereby give permission for my child _____

To participate in the sport of _____ at Hewitt-

Trussville High School for the _____ school year. I give my permission for my

child to be given EMERGENCY treatment in the event of injury. Coaches will attempt to

contact parents first but **the coaches will send athletes for emergency treatment if the parents**

cannot be connected!

Parents will assume the responsibility for any medical treatment that the athlete might need if any injury occurs while practicing or participating in the sport or on athletic trips.

Parent's Signature _____ **Date** _____

Parent/Guardian Name _____

Home Phone _____

Work Phone _____

Cell Phone _____

Parent/Guardian Name _____

Home Phone _____

Work Phone _____

Cell Phone _____

Relative Name _____ Phone _____

Family Physician _____ Phone _____

Preferred Hospital _____

Medical/Hospital Insurance Company _____

Medical/Hospital Insurance Policy Number _____

MEDICAL CONDITIONS OR DRUG ALLERGIES (please be specific)
