

## Parent Consent to Treat Student Athlete in Case of Emergency

I understand that there are inherent risks involved with almost any physical activity. I also understand that my child will be properly supervised, will be prepared physically, mentally, and emotionally to participate in the FPCA athletic program, will use safe equipment, and if he/she is injured by accident or some other emergency, I do hereby give my permission for a qualified physician, athletic trainer, or emergency medical professional to administer necessary health care.

I, \_\_\_\_\_ (Parent or Guardian's Name), hereby give permission for any and all medical attention to be administered to my child \_\_\_\_\_ (Student's Name) in the event of accident, injury, sickness, under the direction of the person(s) listed below, until such time as I may be contacted. I also assume the responsibility for payment of any such treatment. This release is effective for the person of one year from the date given below.

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Address: \_\_\_\_\_

Physician: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Known Injuries or medical concerns: \_\_\_\_\_

In case I cannot be reached, any of the following persons is designated to act on my behalf:

Coach: \_\_\_\_\_

Assistant Coach: \_\_\_\_\_

Athletic Director: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

