

**CHENEY MIDDLE SCHOOL
ACTIVITY/ATHLETIC MEDICAL CONSENT FORM**

STUDENT _____ **DATE OF BIRTH** _____
First Name Middle Initial Last Name

SOCIAL SECURITY NUMBER _____

In the event of illness or injury during participation in an athletic event/activity or practice session, or incurred in transit to or from an athletic practice or event/activity, permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examinations or emergency medical treatment of any nature for the above-named student. In the event of serious illness; the need for major surgery; or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above-named student may be given.

In the event that an emergency arises during practice session, an effort will be made to contact the parents or guardians as soon as possible. Permission is also granted to the coach to provide needed emergency treatment or for any resulting medical treatment or procedure of any nature whatsoever.

Parent/Guardian Signature _____ **Date**

PLEASE PROVIDE ALL OF THE INFORMATION REQUESTED BELOW:

Parent/Guardian(s) Name _____

Parent/Guardian(s) Full Address _____

City Zip

Phone Numbers Where Parent/Guardian(s) Can Be Reached

Work _____ Home _____ Cell _____

Name of Alternate Contact _____ Alternate's Phone # _____

Name of Family Physician _____ Physician's Phone # _____

Hospital Preference _____

Allergic Reactions to Any Medication? _____

Insurance Policy Holder _____

Insurance Company _____ Policy Number _____

Policy Address _____

This form must be completed in full and returned to the office before participation in any/all school sports/activities.