MEDICAL CONSENT FORM

USD 368 Paola, KS
Paola High School ~ 401 Angela Dr.
Paola Middle School ~ 405 N. Hospital Dr.

(To be filled out by all students participating in Athletics/Activities)

Student Name:______________________________ Home Phone: _________________________

Permanent Address:____

Birth Date:_______________ Age:______________ Social Security#: _______________________

School:___________ Grade:______ Gender: ______ Height:________ Weight: __________

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examinations and immunizations 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, an effort will be made to contact the parents or guardians as soon as possible. Permission is also granted to the sponsor to provide the needed emergency treatment to the student prior to his admission to the medical facilities.

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EMERGENCY INFORMATION

Father's Full Name:__________________________ Phone: ___________________________

Address:____________________________________ Cell Phone: ___________________________

Place of Employment:________________________ Work Phone:___________________________

Mother's Full Name:__________________________ Maiden Name:________________________

Address:____________________________________Phone:____________ Cell#:_____________

Place of Employment:________________________ Work Phone:___________________________

Medical Insurance Company:____

Policy Number: ____

Family Physician:_____________________________ Phone:_______________________________

Medical Conditions: ____

Allergies to Medications: ____

Current Medications: ____

____ ____________________

Signature of Parent or Guardian Date

08/2011