

This form must be on file before practicing with any athletic team
Huron High School Athletic Department
Emergency Information

Name: _____

Birth date: _____ Home Phone: _____

Father's Work Place: _____ Phone: _____

Mother's Work Place: _____ Phone: _____

Father's Cell Phone: _____ Mother's Cell Phone: _____

Other Persons Who May Be Contacted in Case of Emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Medical Treatment Consent
(to be completed by parents)

I, _____, the parent or guardian
of _____ recognize that as a
result of athletic participation, medical treatment on an emergency basis may be necessary and further
recognize that school personnel may be unable to contact me for my consent for emergency medical care.
I do hereby consent in advance to such emergency care, as may be deemed necessary under the then
existing circumstances.

Date: _____ Parent Signature: _____

Allergies:

Foods: _____

Drugs: _____

Other: _____

Insurance: _____

Policy#: _____ Group#: _____

Child's Doctor: _____ Phone: _____

Known Health Conditions: _____

Does your child wear contact lenses? _____