



The Meadows School

Athletic Emergency Information

2011-2012

Student's
Last Name _____ First _____ Grade _____ Date of Birth _____
Address #A _____ City _____ Zip _____
Address #B _____ City _____ Zip _____
Student Cell Phone: _____ E-Mail Address _____

Parent "A" Information:

Name: _____ Home: _____ Work: _____
Cell Phone: _____ E-Mail Address: _____

Parent "B" Information:

Name: _____ Home: _____ Work: _____
Cell Phone: _____ E-Mail Address: _____

Emergency Contacts (other than the above):

Name	Relationship	Home Phone	Daytime or cell Phone
_____	_____	_____	_____
_____	_____	_____	_____

Brief Medical History:

Injuries or illness within the last year: _____

Allergies: (Drug or Food) _____

Medications: (Taken on regular or as needed basis) _____

Physician Name: _____ Physician Phone: _____

Authorization to Treat a Minor

I(We) the undersigned parent(s) or legal guardian of _____, a minor, do hereby authorize and consent to any x-ray examination, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by and is to be rendered under general or special supervision of any member of the medical staff licensed under the provisions of the Medicine Practice Act and or the staff of any acute general hospital holding a current license to operate a hospital from the State of Nevada department of Public Health. It is understood that this authorizes and empowers the aforementioned physician in the exercise of his/her best judgment to render care, which he/she may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

List any restrictions: _____

Parent Signature: _____ Date: _____

By signing this document, I have given permission to the above named student to engage in interscholastic athletics and to travel with the team.

If you have any questions about this document, please contact the Athletic Trainer at (702) 254-1610 ext.5936