

MESA PUBLIC SCHOOLS

(All Items To Be Filled In Prior To The Issuance of Athletic Gear)

SCHOOL _____ DATE _____

STUDENT _____ BIRTH DATE _____

ADDRESS _____ HM PHONE _____

FATHER _____ WK PHONE _____

MOTHER _____ WK PHONE _____

OTHER _____ PHONE _____

DOCTOR _____ PHONE _____

HOSPITAL PREFERENCE _____ PHONE _____

INSURANCE CO. _____

POLICY # _____

HEALTH PROBLEMS: Circle If Appropriate

ASTHMA DIABETES EPILEPSY BEE STING ALLERGIES HEART PROBLEMS

OTHER/SPECIFY _____

MEDICATION _____

CONSENT FOR ATHLETIC EMERGENCY CARE

BE IT KNOWN that in the event I cannot be reached, I, the undersigned parent or guardian of the student above named, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aide, treatment or care to said student as, in the judgment of said doctor or hospital may be required, on an emergency basis, in the event said student should be injured or stricken ill while participating in an interscholastic activity sponsored by the above named school.

IT IS HEREBY understood that the consent and authorization hereby given and granted are continuing, and are intended by me to extend throughout the current school year.

IT IS FURTHER understood that any expenses incurred will be paid for by insurance or the parent of the student. Payment of the expense is not a school responsibility.

_____ Yes, I give my consent. _____ No, I do not give my consent.

SIGNATURE _____ **DATE** _____

PARENT OR GUARDIAN