

SPORTS/ACTIVITY _____ **Physical Date** _____

Edwardsville Community Unit School District 7

Dr. Ed Hightower, Superintendent

IMPORTANT: ALL REQUESTED INFORMATION MUST BE COMPLETED AND SUBMITTED TO THE SPONSOR OR ATHLETIC OFFICE PRIOR TO PARTICIPATION. PARTICIPANTS WILL NOT UNDER ANY CIRCUMSTANCES BE ALLOWED TO TAKE PART IN PRACTICES, COMPETITIONS, OR ACTIVITIES WITHOUT COMPLETION OF THIS FORM.

**2009-10 ATHLETICS/EXTRACURRICULAR ACTIVITY
MEDICAL AUTHORIZATION FORM**

Student's Name _____

EMERGENCY PHONE NUMBERS:

Day: Father _____ Mother _____ Friend _____
Evening/Night: Home _____ Other _____

MEDICATION INFORMATION:

1. Is student taking medication on a regular basis? Yes No

Name of medication _____
Dosage _____
Reason for medication _____

2. Is your child allergic to any medications? Yes No
If yes, which? _____

3. When was your child's last tetanus shot? Date _____

4. Are there any medical or physical problems of which we need be aware? _____

5. If given a preference, what hospital would you like your child taken for treatment in the event of a medical emergency? _____

In case of emergency and a parent cannot be reached by phone, I authorize any teacher/sponsor to obtain medical treatment for my son/daughter _____.

(Child's Name)

Insurance Company _____

Name of Insured _____

Policy Number _____ Group Number _____

Name of Child's Physician _____ Phone Number _____

I understand that as the parent/guardian of the above-named student, I am responsible for medical expenses incurred. I certify that the above information is accurate and complete and is required for my child to participate in the sport/activity.

Date: _____

Parent's Signature _____