

Gilbertsville-Mt. Upton Central School
Athletics – Medical Consent Form



Medical Consent Form

STUDENT: _____

Permission is hereby granted to the attending physician to proceed with any medical treatment or minor surgical treatment, X-ray examination and/or immunization of 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.

Permission is also granted to the supervising adult (coach, chaperone, etc.) to provide needed emergency treatment to the student prior to his/her admission to the medical facilities.

Signature of Parent/Guardian

Date

Father's Name: _____

Mother's Name: _____

Address: _____

Address: _____

Home Phone #: _____

Home Phone #: _____

Emergency phone numbers where parents may be contacted:

Father's Work #: _____

Mother's Work #: _____

Alternate Emergency Contact: _____ Phone #: _____

Name of Physician: _____ Phone #: _____

Preferred Hospital: _____ Phone #: _____

Address: _____

City & State: _____

Any Allergies? _____