

**Mercer Island School District #400**  
**Athletic Medical Emergency Authorization Form**

**All 2021-2022 Sports**

**Grade:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Parent 1 Name:** \_\_\_\_\_ **Parent 2 Name:** \_\_\_\_\_  
(Last) (First)

**Home Phone:** \_\_\_\_\_ **Parent 1 work:** \_\_\_\_\_ **Parent 2 work:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Parent 1 cell:** \_\_\_\_\_ **Parent 2 cell:** \_\_\_\_\_

**City/ State:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Emergency Contact Name (other than parent):** \_\_\_\_\_ **Emergency Contact #:** \_\_\_\_\_

**Severe Allergies:** \_\_\_\_\_ **Drugs allergic to:** \_\_\_\_\_

**Date of last Tetanus shot:** \_\_\_\_\_

**Emergency Medication:** \_\_\_\_\_

**Chronic Illness:** \_\_\_\_\_

**Significant Injuries or Illness (such as seizures, heart condition, fractures, concussions, or sports related surgeries):**

1. \_\_\_\_\_

2. \_\_\_\_\_

**\*\*Other past medical conditions that the school should be aware of are: ( add any comments on students physical condition deemed important):\*\***

\_\_\_\_\_  
\_\_\_\_\_

**Choice of Physician to be called in case of an emergency:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Choice of Hospital to be used:** \_\_\_\_\_ **Health Insurance Co.:** \_\_\_\_\_

*As a parent or guardian I authorize the team physician, team trainer, or the coach to render the necessary emergency procedure for any such injury. I would also authorize the above persons to provide the appropriate course of professional emergency care, such as Aid Car, EMS, or emergency room transportation, including consultation and treatment by a specialist ( i.e. a surgeon or other medical professionals). Every effort will be made to contact the parents or guardians of the nature of the problem and the treatment involved beforehand.*

**Signed** \_\_\_\_\_ **(parent or guardian)**