

**St. Lucy's Priory High School Athletic Department
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

2013-2014

Circle sport(s) you are trying out for:

Cross Country • Tennis • Volleyball • Soccer • Water Polo • Basketball • Softball • Track • Swim

Student's Name _____ Phone: (____) _____

Address: **(include city & zip)** _____

Insurance Company/Number: _____
Street *City* *Zip*

Family Physician: _____ Phone: (____) _____

Address: **(include city & zip)** _____

Father's Work/Cell Phone(____) _____ Mother's Work/Cell Phone(____) _____

Other local emergency contact(____) _____

- | | YES | NO |
|-----------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Do you have an ongoing or chronic illness? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you currently taking any prescription or nonprescription medication? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you use an inhaler? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have any allergies? (For example: medicine, food, insect bites.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever passed out? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have a heart murmur? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had a head injury or concussion? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have your every been knocked out or become unconscious? | <input type="checkbox"/> | <input type="checkbox"/> |

- | | YES | NO |
|---------------------------------------------------------------------------------|--------------------------|--------------------------|
| 9. Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you have frequent/severe headaches? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you ever become ill from exercising in the heat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you cough, wheeze, or have trouble breathing during or after activities? | <input type="checkbox"/> | <input type="checkbox"/> |

13. Record the dates of your most recent immunizations for:
- | | |
|--------------|-------------|
| Tetanus: | Measles: |
| Hepatitis B: | Chickenpox: |

14. If you have answered YES to any questions above, please explain:

I hereby authorize school personnel to consent to any x-ray, anesthetic, medical diagnosis, care, or treatment needed for my child in case of illness/accident. I give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician. I agree to relieve the school and other participating adults from any liability in connection with this request.

This authorization shall remain in effect for one year unless revoked in writing to the principal. I understand that St. Lucy's High School assumes no liability of any nature in relation to the transportation or treatment of the above named student. I further understand that all costs of paramedic transportation, hospitalization, examination, x-ray, or any other treatment provided in relation to this authorization shall be my responsibility.

St. Lucy's offers supplemental insurance for students as outlined in the Parent/Student Handbook. Parents wishing to use the insurance to help with the medical expenses, must contact St. Lucy's Health Office within 24 hours of the injury.

Parent Or Legal Guardian Signature

Date