

Student Name: _____

Home address of parent/guardian: _____

_____ Home Phone: _____

Employer: _____ Work Phone: _____

Health Insurance Co.: _____ Group No.: _____

Family Physician: _____ Physician's Phone No.: _____

Chronic Illnesses or comments: _____

Allergies: _____

Current medications: _____

Date of last D.T.P. Immunization: _____

Emergency Contact: _____

Name

Number

SCAPPOOSE SCHOOL DISTRICT 1J
AUTHORIZATION FOR ANOTHER TO CONSENT TO TREATMENT OF CHILD

As a parent or legal guardian of the following student:

I do hereby authorize the supervising athletic coach, or his designee at the time of the accident to consent to any medical or surgical treatment of the above student which such person deems advisable if a parent or legal guardian cannot reasonably be located when the student is taken for treatment. The above authorization will be effective while participating in school sports/activities.

Signature: _____
Parent or guardian

Date: _____