



**Westport Jr./Sr. High School Athletic Department**  
**Medical Authorization & Emergency Treatment Form**

I give permission for the evaluation/treatment of \_\_\_\_\_, by a duly  
**Student's name-(please print)**  
licensed physician and/or hospital facility in the event of illness or injury. I also authorize transportation in an  
ambulance if necessary. **Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CONTACT INFORMATION**

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Telephone # \_\_\_\_\_ Age \_\_\_\_\_

Sport(s) \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_  
(name) (phone) (email) (relationship)

Emergency Contact 2: \_\_\_\_\_  
(name) (phone) (email) (relationship)

Athlete's Primary Care Physician's Name & Telephone #: \_\_\_\_\_

**MEDICAL HISTORY**

My Son/daughter has previously sustained head injury or concussion: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide information to head injury or concussion history, including frequency: \_\_\_\_\_

Diabetes: \_\_\_\_\_ Epilepsy: \_\_\_\_\_ Heart condition: \_\_\_\_\_ Asthma: \_\_\_\_\_ Other: \_\_\_\_\_

For Asthma, does athlete use inhaler? Yes \_\_\_\_\_ No \_\_\_\_\_ Does Athlete wear contact lenses to play? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list **ALL** medications, including inhalers and directions for use: \_\_\_\_\_

Please list **ALL** allergies, including medications, food, and insects: \_\_\_\_\_

Please list any other pertinent medical information: \_\_\_\_\_

**INSURANCE INFORMATION**

Policy Name: \_\_\_\_\_ Policy #: \_\_\_\_\_ Subscriber's Name: \_\_\_\_\_

**I give permission for the Westport Jr./Sr. High School medical staff to share any pertinent medical information, concerning my son or daughter, to EMT's, team, or other physicians in relation to any incurred injury or illness sustained by student-athlete, during participation.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student-Athlete Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_