



Ridgefield High School • Department of Athletics

EMERGENCY TREATMENT CONSENT

Student's Last Name _____

Student's First Name _____

Sport _____

Student's Birth Date _____ Age _____ Grade _____ Male Female

Parent / Guardian's Name _____ Home Ph _____

Address _____ Cell Ph _____

Father's Employment _____ Work Ph _____

Mother's Employment _____ Work Ph _____

Medical Contacts:

Family Doctor _____ Phone _____

Family Dentist _____ Phone _____

Insurance Company Name _____ Phone _____

Insurance Policy Number _____ Group _____

If parents cannot be reached, in an emergency please contact:

Emergency Contact #1: _____ Phone _____

Emergency Contact #2: _____ Phone _____

If any medical conditions and/or allergies exist, please list:

To participate in RHS sports, this form must be signed by the student athlete's parent/guardian and returned to the athletics department before the start of each participating sports season.

I give my consent for appropriate first aid and/or medical treatment for any injury or illness that my son/daughter may sustain or acquire while participating in interscholastic athletics at RHS. I acknowledge that as a result of athletics participation, he/she may suffer an injury or illness that may put life or limb at risk and that medical treatment on an emergency basis may be necessary. I further recognize that school personnel may be unable to reach me for consent for emergency medical care and I do hereby give my permission in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstances.

I acknowledge that if my child needs to carry any medication that I, the parent, am responsible to ensure my child has their medication (ex. Epipen, inhaler) with them for all home/away athletic events/practices. A medication authorization form must be on file in the Health Office.

Parent or Guardian's Signature _____

Date Signed _____