



MEDICAL INFORMATION

ACTIVITY/SPORT: _____

(Circle One) MALE or FEMALE

Grade: 9 10 11 12

Name of child _____ Birthdate (month/day/year) _____

Child's address _____ Cell Phone _____ Home Telephone number _____

Physician's name _____ Physician's address _____ Telephone number _____

Allergies _____

List any medications child is now taking _____

List any other special information _____

Child's health insurance co. & policy no _____

Parent may be reached at: _____
Address/home telephone number/cell phone number

If parent unavailable contact: (nearest relative) _____
Name

Address/telephone number/cell phone number



MEDICAL TREATMENT CONSENT

INSTRUCTIONS: Please complete one card (both sides) for each child. The consent portion authorizes emergency treatment at any hospital – therefore this card is valid wherever your child may be staying. The medical information portion will save valuable time if treatment needs to be provided. Please complete all blanks, sign, and give this card to your coach/advisor with instructions to give it to the hospital/physician if treatment is needed.

I/WE _____ give permission to any hospital
Name of parent(s)/guardians(s)

Or doctor, to treat and/or admit for care, our child.

Child's full name: _____ Birthdate: _____

Child's care entrusted to: _____ GREEN BAY PREBLE HIGH SCHOOL

Signature of parent/guardian _____ Date _____

Rescue Squad charges are not covered by the Green Bay School District and will be billed directly to you.