

**STEVENS POINT GIRLS HOOPS EMERGENCY PERMISSION CARD**

(Complete and sign both halves-COACHES COPY)

AS PARENT OR GUARDIAN OF \_\_\_\_\_

(Last name) (First) (M.I.) PLAYER

SCHOOL YEAR \_\_\_\_\_ GRADE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ MOM'S CELL \_\_\_\_\_

E-MAIL \_\_\_\_\_ DADS'S CELL \_\_\_\_\_

I GIVE MY PERMISSION TO ALLOW MEDICAL TREATMENT BY THE NEAREST DOCTOR, EMS AND/OR HOSPITAL. TREATMENT IS FOR AN EMERGENCY (INJURY OR ILLNESS) OCCURING DURING ATHLETIC PRACTICE OR COMPETITION WHEN I CANNOT BE REACHED TO GIVE CONSENT.

HEALTH CONDITIONS? NO \_\_\_ YES \_\_\_ LIST/DESCRIBE \_\_\_\_\_

DAILY MEDICATION?. NO \_\_\_ YES \_\_\_

LIST \_\_\_\_\_

KNOWN ALLERGIES TO DRUGS OR ANESTHETICS \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_

**STEVENS POINT GIRLSHOOPS EMERGENCY PERMISSION CARD**

(Complete and sign both copies—CLUB COPY)

AS PARENT OR GUARDIAN OF \_\_\_\_\_

(Last name) (First) (M.I.)

SCHOOL YEAR \_\_\_\_\_ GRADE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ PARENT'S CELL \_\_\_\_\_

E-MAIL \_\_\_\_\_ PARENT'S CELL \_\_\_\_\_

I GIVE MY PERMISSION TO ALLOW MEDICAL TREATMENT BY THE NEAREST DOCTOR, EMS AND/OR HOSPITAL. TREATMENT IS FOR AN EMERGENCY (INJURY OR ILLNESS) OCCURING DURING ATHLETIC PRACTICE OR COMPETITION WHEN I CANNOT BE REACHED TO GIVE CONSENT.

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HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_