

**WEST MIDDLE SCHOOL
PLYMOUTH-CANTON COMMUNITY SCHOOLS
ATHLETIC DEPARTMENT**

EMERGENCY INFORMATION

Name: _____

Team: _____ Coach: _____

Birthdate: _____ Home Phone: () _____

Address: _____

Father's Work Place: _____ Phone: () _____

Mother's Work Place: _____ Phone: () _____

Other Emergency Contact People:

Name: _____ Phone: () _____

Name: _____ Phone: () _____

MEDICAL TREATMENT CONSENT
(To be completed by parents/guardians)

I, _____, the parents or guardians of _____
recognize that as a result of athletic participations, medical treatment on an emergency basis
may be necessary and further recognize that school personnel may be unable to contact me for
my consent for emergency medical care. I do hereby consent in advance to such emergency
care, including hospital care, as may be deemed necessary under the then existing
circumstances.

Date _____

Signature of parent or guardian

Existing Medical Conditions: _____

Physician: _____ Phone: () _____

Insurance: _____ Policy Number: _____