

**MANHASSET PUBLIC SCHOOLS
ATHLETIC DEPARTMENT**

EMERGENCY INFORMATION

Sport _____ Date _____
Name _____ Birth date _____ Grade _____
Address _____
Parent/Guardian _____ Home Phone _____
Father's Work Phone _____ Cell Phone _____
Mother's Work Phone _____ Cell Phone _____
Family Physician _____ Phone Number _____
Family Dentist _____ Phone Number _____
Allergies _____
Present Medications _____
Emergency contact/phone number (friend/relative) _____

PARENTAL PERMISSION

I hereby give permission for my son/daughter _____
to participate in _____ (sport/level) for the Fall/Winter/Spring _____ Season (year).

IN THE EVENT OF A MEDICAL EMERGENCY OR ILLNESS, I HEREBY AUTHORIZE MANHASSET PUBLIC SCHOOLS TO PROVIDE FIRST AID, AND REQUEST IF NECESSARY, EMERGENCY TREATMENT AND TRANSPORTATION TO A HOSPITAL. ANY HOSPITAL OR EMERGENCY PERSONNEL ARE AUTHORIZED TO PROVIDE TREATMENT TO MY CHILD SUCH NATURE AS THEY DEEM APPROPRIATE AND TO CONSULT WITH THE PHYSICIAN ABOVE.

Signature of parent/guardian _____ Relationship _____

**EMERGENCY MEDICAL INFORMATION
(must be completed and signed prior to participation)**

Athletes Name _____ DOB/Age _____
Parent(s) Name _____ Home Phone _____
Home Address _____ Cell Phone _____

In case parents cannot be reached, please call:

Name _____ Relationship _____ Phone _____

Allergies, medications or medical conditions _____

(signature of parent/guardian)

(date)