

PCS EMERGENCY PERMISSION FORM
(To be completed and signed by parent/guardian)

STUDENT _____ GRADE _____ AGE _____

Please list any significant health problems that might be significant to a physician evaluating your child in case of an emergency.

Please list any allergies to medication, etc.

Is student presently taking medication? _____

If so, what type? _____

Does the student wear contact lenses? _____

Please list date of last tetanus shot. _____

EMERGENCY AUTHORIZATION:

In the event of an emergency, I hereby give permission to the physicians selected by the coaches and staff of PCS to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the person named above.

Parent/Guardian Signature: _____ Date _____

Relationship to student: _____

Daytime phone number where you may be reached in an emergency (include area code).

Mother - Work: _____ Cell: _____

Father - Work: _____ Cell: _____

Evening time phone number where you may be reached in an emergency (include area code).

Home: _____

EMERGENCY PERMISSION FORM MAY BE REPRODUCED
TO TRAVEL WITH RESPECTIVE TEAMS AND IS ACCEPTABLE
FOR EMERGENCY TREATMENT IF NEEDED