

Westford School Medical Emergency Form

Athlete's Name: _____

The telephone number/contact that should first be made in case of emergency is:

Who will we be calling? _____

A. I/We **do NOT** give Westford School/Westford School Sports permission to have emergency procedures for my daughter(s)/son(s) in the event of injury.

signature

date

signature

date

In lieu of emergency medical procedures, I instruct the Westford School/Westford School Sports to do the following (please be complete including names, phone numbers, alternate procedures required.) [Proceed to Step D when completed]

B. I/We give Westford School/Westford School Sports permission to have emergency procedures for my daughter(s)/son(s) in the event of injury. [Proceed to Step C]

signature

date

signature

date

C. Information: doctor's name _____

doctor's telephone _____

insurance company _____

insurance company policy # _____

D. If we cannot reach you, who should we call?

name

telephone

E. I/We have read/filled in/reviewed every item above regarding our daughter(s)/son(s) medical emergency procedures, understand them and agree to the terms of this document.

signature

date

signature

date