

Rye Junior High School

Medical Information and Treatment Consent Form

Please complete and return to Mr. Fortier

Name: _____ Homeroom/grade: _____

Birthdate: _____ Home phone: _____

Known allergies, medical problems, physical limitations, current medications:

Insurance Company: _____

Group # _____ Policy # _____

In the event that I cannot be reached in an emergency, I hereby give my permission for a physician or hospital to provide necessary emergency treatment for my child. I also have listed any persons other than my child's parents who are authorized to pick up my child after any away games.

Signature of parent/guardian

Parent/guardian printed

Parent email (will be shared with coach) _____

Emergency contact information:

Name: _____ Phone: _____

Name: _____ Phone: _____

Other persons authorized to pick up my child after games:

****Please note: If someone other than the individuals listed above will be picking up your child you must send in a note to the coach.***