

SPORT: \_\_\_\_\_

**Permission for Medical Treatment**

In the event of an emergency requiring medical attention, I hereby grant permission to a physician or other hospital personnel designated by the Sun Prairie High School Coaching Staff to attend to my son/daughter:

\_\_\_\_\_  
**Date**                      **Name of Athlete**

I expect every effort will be made to contact me in order to receive my specific authorization before any treatment or hospitalization is undertaken.

\_\_\_\_\_  
**Home Phone**                      **Signature of Parent of Guardian**

\_\_\_\_\_  
**Business Phone**                      **Home Address of Athlete**

\_\_\_\_\_  
**Family Physician**                      **Physician Phone**

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<u>Health History</u>	YES	NO
Kidney Injuries:	_____	_____
Heart Condition/Disease:	_____	_____
Diabetes:	_____	_____
Asthma:	_____	_____
While competing, do you wear:		
Glasses	_____	_____
Contacts	_____	_____
Allergy to any medication:	_____	_____
Please state: _____		
_____		
Date of last Tetanus Shot: _____		
<b>PLEASE COMPLETE REVERSE SIDE</b>		

<u>Health History</u>	YES	NO
Kidney Injuries:	_____	_____
Heart Condition/Disease:	_____	_____
Diabetes:	_____	_____
Asthma:	_____	_____
While competing, do you wear:		
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