PINE ISLAND EXTRA-CURRICULAR PARTICIPANT EMERGENCY FORM

(Month, Day, Year) ***********************************	PLEASE PRINT			
Contact In the parent or guardian of Recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstance. Allergies to medications for long-term illness (indicate illness and medications) Relevant medical information (e.g., contact lens wearer; history of family diabetes, epilepsy; heart murmur) Date Grade of Athlete Signature of Parent or Guardian Insurance Information (Optional) Name of Policy Holder	Complete Legal Na	me	06111	(T - 1)
(Month, Day, Year) ***********************************		(First)	(Middle)	(Last)
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