

Minocqua J1 School District
Emergency Information and Medical Treatment Consent

(To be completed by parent or guardian – please print or type)

In emergency, contact _____ Phone _____ *or*
_____ Phone _____

I, _____, 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.

Please make the following notations on my son/daughter's records:

Allergies to medications: _____

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 Student Athlete _____

Parent or Guardian Signature _____

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