

# Dodgeland Co-Curricular Emergency Medical Information

401 S. Western Avenue Juneau, WI 53039 Phone 920-386-4404 FAX 920-386-2601



Date \_\_\_\_\_ Co-Curricular \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Parent(s) Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

## **Contact Person Other Than Parent/Guardian:**

**#1 EMERGENCY CONTACT** \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

**#2 EMERGENCY CONTACT** \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

*In case of an accident or injury and parent/guardian cannot be reached, what doctors do wish to be contacted?*

DOCTOR \_\_\_\_\_ Phone \_\_\_\_\_

DENTIST \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Current Medications \_\_\_\_\_

Please note any allergies, conditions, & restrictions: \_\_\_\_\_

May Acetaminophen (Tylenol) be given ? YES \_\_\_ NO \_\_\_      May Ibuprofen be given? YES \_\_\_ NO \_\_\_

## **MEDICAL TREATMENT CONSENT**

In case of accident or serious illness, school personnel/coach/athletic trainer is requested to contact the emergency numbers above. If none can be reached, and if necessary, I authorize my child to be transported via ambulance to the nearest hospital for the safety and welfare of my child.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_