

Fall sport _____

Winter sport _____

Spring sport _____



-Medical Treatment Consent-

I, _____, an 18 year old, or the parent/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 care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

Signature of Parent/Guardian or 18 Year Old

Date

Emergency Information

To be completed by Parent/Guardian or 18 Year Old

Student's Name _____

Grade _____

In Emergency, contact the following:

1) _____ Phone: _____ Cell: _____

2) _____ Phone: _____ Cell: _____

Family Doctor: _____

Allergies: _____

Drug reactions: _____

Current medications: _____

Manistee Chippewas
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