

EMERGENCY TRANSPORTATION APPROVAL

This is to certify that (I) (we), the parents of _____, give full permission to _____ High School coaches, trainers, or administrators, at practice or at actual athletic events, in town or out of town, to call an ambulance service or otherwise provide emergency transportation to a hospital for medical treatment.

(I) (we) understand that every effort will be made to contact parents immediately, but should there be difficulty, (I) (we) will not hold _____ High School or any _____ High School representative responsible for any costs or liabilities associated with such actions.

NAME IN FULL: _____

ADDRESS: _____

PHONE: _____

Signature (Father/Guardian)

Date

Signature (Mother/Guardian)

Date

Use the space below to indicate if your child has any allergies or needs special attention. Also indicate whether a certain hospital and/or doctor is preferred in case of an emergency.

