SPORTS/ACTIVITY_____ Physical Date_____

Edwardsville Community Unit School District 7 .
Dr. Ed Hightower, Superintendent

IMPORTANT: ALL REQUESTED INFORMATION MUST BE COMPLETEED AND SUBMITTED TO THE SPONSOR OR ATHLETIC OFFICE PRIOR TO PARTICIPATION. PARTICIPANTS WILL NOT UNDER ANY CIRCUMSTANCES BE ALLOWED TO TAKE PART IN PRACTICES, COMPETITIONS, OR ACTIVITIES WITHOUTCOMPLETION OF THIS FORM.

ATHLETICS/EXTRACURRICULAR ACTIVITY
MEDICAL AUTHORIZATION FORM

Student's Name_____

EMERGENCY PHONE NUMBERS:
Day: Father _____ Mother _____ Friend _____
Evening/Night: Home _____ Other _____

MEDICATION INFORMATION:
1. Is student taking medication on a regular basis? Yes☐ No ☐

Name of medication _____
Dosage _____
Reason for medication _____

2. Is your child allergic to any medications? Yes☐ No ☐
If yes, which? _____

3. When was your child's last tetanus shot? Date_____

4. Are there any medical or physical problems of which we need be aware? _____
_____

5. If given a preference, what hospital would you like your child taken for treatment in the event of a medical emergency? _____

In case of emergency and a parent cannot be reached by phone, I authorize any teacher/sponsor to obtain medical treatment for my son/daughter _____.
(Child's Name

Insurance Company_____
Name of Insured _____
Policy Number_____Group Number_____
Name of Child's Physician_____Phone Number _____

I understand that as the parent/guardian of the above-named student, I am responsible for medical expenses incurred. I certify that the above information is accurate and complete and is required for my child to participate in the sports/ activity.

Date _____ Parent's Signature_____