

Emergency Care Permission Form

Athlete's name _____

As parent or guardian of the above named athlete, I hereby authorize the staff of The Rancho Wheelchair Sports Program to provide care, including authority for medical transportation, in the event of injury or illness. I also authorize qualified medical personnel to provide emergency medical care in the event of an emergency.

Parent/Guardian _____

Address: _____

City: _____

State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Cell Phone: _____

Other authorized Person to Contact in Emergency: _____

Relationship to Athlete: _____

Daytime Phone: _____ Evening Phone: _____

Cell Phone: _____

Family Doctor's Name: _____

Doctor Phone Number: _____

Athlete's allergies, chronic illness, medications taken, or other medical conditions:

Signed: _____

Date: _____