

**SMAA Emergency Information and Consent Form
(ONE FOR EACH ATHLETE - Interscholastic or Intramural Program)**

Family Information:

Athlete's Name: _____

Address: _____ City: _____

Zip: _____ Home Phone: _____

Father's Name: _____

Employer: _____

Home Phone: _____ Work Phone: _____

Mother's Name: _____

Employer: _____

Home Phone: _____ Work Phone: _____

Family Medical Insurance:

Carrier: _____ Group: _____

Policy #: _____ Group #: _____

Family Physician's Name: _____

Physicians Address: _____ City: _____

Zip: _____ Office Phone Number: _____

Please list ALL allergies this athlete may have: _____

Please list ANY serious medical conditions this athlete may have: _____

I/we hereby grant consent to any and all health care providers designated by the SMAA to provide my child _____ any necessary medical care as a result of any injury/illness.
(print child name)

This consent includes First Aid and transportation to/from health care providers.

Date

Father's Signature

Date

Mother's Signature