

Athletic Team Travel Medical Consent Form

This form must be completed and signed by a parent or guardian before the student-athlete is permitted to travel with the athletic team for away games, tournaments, or events. Please print this form, complete it, and return it to the coach or athletic director.

Student-Athlete Information

Full Name of Athlete:

Date of Birth (MM/DD/YYYY):

Sport / Team:

Grade / Year:

Emergency Contact Information

Parent/Guardian Name:

Relationship to Athlete:

Primary Phone Number:

Secondary Phone Number:

Medical History & Insurance Information

Health Insurance Provider:

Policy / Group Number:

Known Allergies (Food, Medication, Insect Stings, etc.):

Current Medications:

Existing Medical Conditions or Previous Injuries:

Medical Treatment Consent

I, the undersigned parent or legal guardian of the athlete named above, hereby grant permission for the team staff, coaches, and designated medical personnel to authorize and obtain emergency medical, surgical, or dental treatment for my child in the event of injury or illness during travel and athletic events. I understand that every effort will be made to contact me prior to rendering treatment, but immediate medical attention will not be delayed if I cannot be reached.

Authorization and Signatures

Parent/Guardian Printed Name:

Parent/Guardian Signature (Sign after printing):

Date (MM/DD/YYYY):