NORWALK PUBLIC SCHOOLS
HIGH SCHOOL ATHLETICS EMERGENCY FORM

In the event reasonable attempts to contact me or the persons whose names and telephone numbers may be listed below are unsuccessful, I, hereby, authorize the administering of emergency medical treatment to my child by a duly licensed physician or dentist.

PART I

_____ _____ _____

Date Student's Name (Please Print) Signature of Parent/Guardian

Emergency Name 1_____2 _____ 3 _____

Emergency Phone # _____ # _____ # _____

IF YOU DO NOT COMPLETE PART I, IT IS IMPERATIVE THAT YOU COMPLETE PART II

PART II

I DO NOT consent to the administering of emergency medical treatment to my child in the event of illness or injury.

_____ _____

Date Signature of Parent/Guardian

Does your child have a medical condition that we should be aware of? If so, please describe the condition below.