

SPEEDWAY HIGH ATHLETIC DEPARTMENT

MEDICAL EMERGENCY FORM

Student-Athlete Name: _____

Parent/Guardian Name: _____

Emergency contact if parent/guardian cannot be reached:

Name: _____ Phone #: _____

If emergency treatment is required, may school authorities use their judgment in sending the athlete to the most easily accessible doctor and/or hospital if the parent/guardian cannot be reached?

YES _____ NO _____

Does the athlete have any special medical problems or allergic reactions to any medications?

YES _____ NO _____

If yes, please explain.

Parent/Guardian Signature: _____

TRANSPORTATION PERMISSION SLIP

I give the student named below permission to travel by bus or adult driver to away athletic events. I understand the team will travel to and from the athletic event, unless other plans have been pre-arranged. I am relieving Speedway High School and all parties associated with Speedway Town Schools of any liability while at these events. My signature below indicates I understand and approve of my child's participation.

PRINTED name of student-athlete: _____

SIGNATURE of parent or guardian: _____