



Category 5 FRC 3489

2022-2023

STUDENT MEDICAL INFORMATION / CONSENT FORM

Student's Name: _____ Date: _____

Address: _____

Student Cell #: _____ Home phone #: _____

Student Email: _____

School: _____ Grade: _____ Date of Birth: _____

Family Doctor: _____ Phone: _____

Other doctors/specialists: _____

Medications which my child takes on a regular basis: _____

Allergies (note if life-threatening): _____

My child has a **prescription** for an "Epi-Pen": _____ Yes _____ No

My child **carries** an "Epi-Pen" with them at all times: _____ Yes _____ No

Other Medical Conditions/information: _____

While traveling with the team, I give permission for my child to take:

_____ Tylenol _____ Ibuprofen _____ Benadryl _____ Tums/Pepto Bismol Other: _____

Parent / Guardian Name (1): _____ Relationship: _____

Address (1): _____

Parent (1) Cell #: _____ Work phone (1) #: _____

Parent (1) Email: _____

Parent (1) Occupation/Company: _____

Parent / Guardian Name (2): _____ Relationship: _____

Address (2): _____

Parent (2) Cell #: _____ Work phone (2) #: _____

Parent (2) Email: _____

Parent (2) Occupation/Company: _____

Emergency Contact (for an emergency if parent/guardian cannot be reached):

Emergency Contact Name: _____

Emergency Contact Relationship: _____ Cell #: _____

I give permission for Team 3489 coaches to grant permission to emergency medical personnel to treat my child: Please **circle**: Yes No

Parent/Guardian (1) Name- **PRINTED** _____

Parent/Guardian (1) **SIGNATURE** _____

DATE: _____