

Guilford Preparatory Academy
Emergency Medical Treatment Form
2016-2017

In the event of my absence, I, _____, parent/guardian of _____, do hereby give the Athletic Director, coaching staff, athletic trainers and/or Clover Garden School administrators permission to seek treatment for my child. In the event of an emergency, I understand that every attempt will be made to notify me.

Student's Date of Birth _____

Signature of Parent/Guardian Date

Home Address

Home telephone number:

Work telephone number:

Additional telephone numbers (cell)

Insurance Company **Policy #**