A blue circle with a white bird and stars

Description automatically generated

Ascent Classical Academy of Northern Denver

Griffin Athletics

**Emergency Medical Authorization/Consent for Treatment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Athlete's Name: | Grade: | | Date of Birth: | |
| Parent(s)/Guardian(s) Name(s): | | | | |
| Address: | | | | |
| City: | | State: | | Zip: |
| Phone # (Home) | | (Cell/Work) | | |

In the event none of the above can be contacted please contact:

(Contact Name) at (Phone #)

Relationship to above student athlete:

I hereby give my consent for medical treatment deemed necessary by physicians designated by school authorities and/or transportation to a hospital emergency room for treatment for any illness or injury resulting from his or her athletic participation.

**Preferred Physician**: **Phone #**:

I understand this authorization will only be enforced when I cannot personally be contacted and provide immediate treatment.

|  |
| --- |
| Printed (Parent/ Guardian) |
| Signed (Parent/ Guardian) |
| Date: |
| **\*\* THIS PAGE MUST BE RETURNED TO YOUR DIRECT COACH \*\*** |