

NASHUA HIGH SCHOOL
Medical Consent Form

Student Name _____

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examinations and immunizations for the above named student. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above named student may be given.

In the event that an emergency arises during a practice session, an effort will be made to contact the parents or guardians as soon as possible.

Signature of Parent or Guardian

Date

Phone numbers where parents/guardians can be reached:

Office _____

Cell _____

Home _____

Other _____

Name of family physician _____

Phone Number _____

Health History

	Yes	No		Yes	No
Kidney Injuries	_____	_____	While competing do you wear	_____	_____
Heart Condition or Disease	_____	_____	Glasses	_____	_____
Diabetes	_____	_____	Contacts	_____	_____
Asthma	_____	_____	Allergic to any medications	_____	_____

Date of last tetanus shot _____

Please list any medications that this student is allergic to:

Any other comments:
