

# HEWITT-TRUSSVILLE HUSKIES

## *Medical Treatment Permission Form*

I hereby give permission for my child \_\_\_\_\_  
to participate in the sport of \_\_\_\_\_ at Hewitt-Trussville  
High School for the \_\_\_\_\_ school year. I give my permission for my  
child to be given EMERGENCY treatment in the event of injury. Coaches will attempt to  
contact parents first but **the coaches will send players for emergency treatment if the  
parents can not be contacted!**

Parents will assume the responsibility for any medical treatment that the athlete might need if  
any injury occurs while practicing or participating in the sport or on athletic trips.

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian** Name \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Beeper \_\_\_\_\_

**Parent/Guardian** Name \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Beeper \_\_\_\_\_

Relative Name \_\_\_\_\_ Phone \_\_\_\_\_  
Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Preferred Hospital \_\_\_\_\_

Medical / Hospital Insurance Company \_\_\_\_\_

Medical/Hospital Insurance Policy Number \_\_\_\_\_

**MEDICAL CONDITIONS OR DRUG ALLERGIES (please be specific)**

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