

# Clover Garden School

## Emergency Medical Treatment Form

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 #