

**CONSENT FOR EMERGENCY TREATMENT
2009-10**

Name (First, Middle Initial, Last) _____
Social Security #

Address City State Zip Code

(____) _____
Home Phone #

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\_\_\_\_\_  
Father/Guardian \_\_\_\_\_  
Mother/Guardian

\_\_\_\_\_  
Address \_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip \_\_\_\_\_  
City State Zip

(\_\_\_\_) \_\_\_\_\_  
Home Phone #

(\_\_\_\_) \_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Name of Employer \_\_\_\_\_  
Name of Employer

(\_\_\_\_) \_\_\_\_\_  
Work Phone #

(\_\_\_\_) \_\_\_\_\_  
Work Phone #

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Allergies _____

Current Medications _____

Existing Medical Conditions _____

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Tabor College and its personnel have my permission to seek emergency treatment for my son/daughter, \_\_\_\_\_, during his/her participation in athletics: practices, games, and conditioning workouts. This permission remains in effect during the 2009-2010 academic year.

\_\_\_\_\_  
Father's/Guardian's Signature

\_\_\_\_\_  
Mother/Guardian's Signature