

**CONSENT FOR EMERGENCY TREATMENT
2011-2012**

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

Address City State Zip Code

(____) _____
Home Phone # _____ Cell Phone #

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

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

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

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

\_\_\_\_\_  
Cell Phone # \_\_\_\_\_ Cell Phone#

(\_\_\_\_) \_\_\_\_\_  
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 2011-2012 academic year.

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

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

\_\_\_\_\_  
Student Athlete's Signature