

**SALINE AREA SCHOOLS
MEDICAL CONSENT FORM**

Athlete: _____ Parent/Guardian (1) _____
Last First Middle (print name)

Address: _____ (2) _____
Birth Date: _____

City/Zip: _____

Phone numbers where Parent/Guardian can be reached:

Parent (1) _____: Work _____ Home _____ Other _____

Parent (2) _____: Work _____ Home _____ Other _____

Physician's Name: _____ Phone #: _____

Nearest Relative: _____ Phone #: _____

Relation to Athlete: _____

Health Insurance Company: _____

Health Insurance #: _____

