

## Naples High Band Emergency Medical Authorization/ Information SY2024

2024-25 Grade Level							
Name Address  Mother's Name  Mother's Wk #  Mother's Cell		City/Zip  Father's Name  Father's Wk #					
				Please list 2 emergency contacts (rel	atives or neighbors):		
				1		_ 2	
				Name	Phone	Name	Phone
				Family Doctor		Hospital Preference	
Name	Phone						
Medication taken regularly		Health Insurance Provider					
Allergies		_ Is an EPI-PEN needed?	Yes No				
Does Child have Asthma?	res No Inhal	er Type & Use					
Does Child have Diabetes?	res No Spec	ial instructions					
Previous Concussions							
Previous injuries, illnesses or other n							
Previous Orthopedic Surgeries:							
Collier County Public Schools, and the ambulance services due to an injury child will not be allowed to participate available for purchase. Forms are avarequest that a representative of the sthe emergency contacts or Primary Country the emergency is such that immediate hospital for emergency care. The host treatment, as they deem necessary to	during sponsored active until coverage is proven allable at the athletic/aschool system contact is care provider named as medical care is necespital, their agents, or a	vities, and/or events. If you don't hat ided by the parents. School insural activities office. In the event of serious. If I cannot be reached, I requested their instructions be followed in a sesary, I authorize the school system in the serious pays a licensed physician, may administed.	ave medical insurance, your nce / Athletic insurance is ous accident or illness, I set that contact be made with the treatment of my child. If m to transport my child to a				
Signature of Parent/Guardian		Date					