If your preferred hospital is Madigan, you will need your Military Dependent ID Card and must have a parent/guardian w/you.

1. If, in the event of serious injury, your family physician is not available or is not located in the immediate vicinity and we are unable to contact a parent or guardian, does the coaching staff have your permission to seek medical attention from the nearest physician?
   - [ ] YES  [ ] NO

2. If an emergency arises while your child is participating in a contest away from home, do you consent to an examination and/or treatment by a physician recommended by the host school authorities?
   - [ ] YES  [ ] NO

   If your answer is “NO” please specify the procedure you wish the coaching staff to follow: ________________________________________________________________

Do you have a history of any health problems or allergies that we should be aware of? (list on back of this card)  [ ] YES  [ ] NO

Are you taking medication? (list on back of card)  [ ] YES  [ ] NO  Have you had surgery in the last 3 years? (list on back)  [ ] YES  [ ] NO

Parent’s signature: __________________________________________________________________________ Date: ____________________________