



Bridgewater College

Athletic Training Program

Authorization for Emergency Medical Treatment

Personal Information

Last Name		First Name		Middle Name
Sport(s)	Class	Age	Date of Birth	Social Security Number
Parent/Guardian's Name			Home Address	
Home Phone Number		Emergency Phone Number		School Phone Number

Insurance Information

Health Insurance Agency Name	
Policy Number	
Does your health insurance require pre-authorization for treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Medical Information

Family Physician Name		Family Physician Phone Number
Check all that apply to your past medical history:		
<input type="checkbox"/> Allergies	<input type="checkbox"/> Heart condition	<input type="checkbox"/> Regularly use over the counter medications
<input type="checkbox"/> Anemia	<input type="checkbox"/> Hernia/Rupture	<input type="checkbox"/> Regularly use prescription medications
<input type="checkbox"/> Asthma	<input type="checkbox"/> High/Low blood pressure	<input type="checkbox"/> Serious bone/joint injury
<input type="checkbox"/> Concussion	<input type="checkbox"/> Seizure disorder	<input type="checkbox"/> Wear glasses
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Regularly use nutritional supplements	<input type="checkbox"/> Wear contacts
<input type="checkbox"/> Eating disorder		
List previous surgeries and the dates they occurred:		
List all medications and nutritional supplements used:		
List previous injuries requiring hospitalization:		

Authorization for Emergency Medical Treatment

I, hereby, give my permission for emergency treatment to be provided to me for medical conditions resulting from my participation in athletics. This treatment will include but not be limited to first-aid, transportation to an emergency facility and other such procedures as the physician and/or athletic training staff deem necessary for the preservation of health.

Athlete's Name (Printed)	Athlete's Signature	Date
**Parent/Guardian Name (Printed)	Parent/Guardian Signature	Date
**Only to be completed if athlete is under 18 years of age		