Tawas Area Athletics

I hereby grant permission to qualified professional medical personnel to administer emergency medical care while he/she is accompanying a Tawas Area athletic team during the season.

Athlete's Full Name	Birthdate	Age
Home Address	Home Phone Number	
Current Medication (s)	Allergic To	
Other Pertinent Information		
Insurance Company	Contract Number	
Family Physician	Physician's Phone Numbe	r
Name	Phone	
Name	Phone	
I further understand that athletics can be pathere is the possibility. It must be underst etc.) or other preventative measures (i.e. t	ood that no amount of protective gear (
Signature of Parent/Guardian	Date	
Sport	Grade Level	