

**LIMESTONE COMMUNITY SCHOOL/ MSSM
ATHLETIC DEPARTMENT**

Leland Caron
Principal
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Larry Worcester
**Assistant Principal/
Athletic Administrator**
worcesterl@lseagles.org

ATHLETIC AUTHORIZATION FOR EMERGENCY CARE

Name of Student _____

Birthdate _____

Resident Address _____

Mailing Address _____

Home Phone _____

Father's Name _____

Work Phone _____

Cell Phone _____

Mother's Name _____

Work Phone _____

Cell Phone _____

Name of friend or relative in the area who may be notified if parents cannot be located.

Name _____

Address _____

Phone _____

Please list medical conditions.

Please list medications.

Please list allergies

Please list any pertinent information that would be beneficial in the case of an emergency.

I will notify the Athletic Department if there is a change in the above arrangements.

In case of a serious accident or illness which occurs at athletic event, every effort will be made to contact one or both of the child's parents, however, if neither of the parents can be reached, I hereby authorize the appropriate authorities to take my child to the closest medical care facility for emergency treatment.

Parent/Guardian Signature

Date

Athletic programs conducted by the Limestone School Department serve people of all ages, regardless of Socio-economic level, race, color, sex, religion, handicap or national origin.