

**Bethany Community School**  
1288 Hudson Rd. • Summerfield, NC 27358  
**EMERGENCY ATHLETIC MEDICAL AUTHORIZATION**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Father's Name: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Hospital Preference: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Doctor Preference: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dentist Preference: \_\_\_\_\_ Phone: \_\_\_\_\_  
Medications & Allergies (including those to medication/s) or other important medical information: \_\_\_\_\_  
\_\_\_\_\_

If unable to reach parents in an emergency, contact:  
Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event that reasonable attempts to contact me/us are unsuccessful, I/we give Bethany Community School and it's authorized representatives consent to any treatment deemed necessary by the physician or dentist named above or, by another licensed physician or dentist, and for the transfer of the student to the hospital named above or to any hospital reasonably accessible. I understand that every effort will be made to contact me prior to treatment. Also, permission is granted to release medical information to the school and athletic trainer according to HIPPA and FERPA regulation. I hereby release Bethany Community School and members of its athletic staff including its coaches, athletic trainers, administrators, and others connected with the school athletic activities. I hereby release any participating physicians or surgeons, from any damages for injuries sustained from my son/daughter which may have incurred while participating in any sport activity connected with Bethany Community School, and do hereby agree that I will hold harmless any and all of the above from any and all damages which they may suffer as a result from damages sustained by my son/daughter while participating as above stated.

\_\_\_\_\_  
Parent Name (Printed) (Signed) Date