

Permission For Treatment

Sharon Regional Health System's Sports Medicine Services has been contracted to provide sports medicine services for Mercer Area School District athletes.

Should an athlete become injured at a Mercer Area School District sanctioned activity where arrangements have been made to have certified athletic trainers on staff from Sharon Regional Health System present, the certified athletic trainer(s) will provide basic emergency first aid care services and screen the athlete for further treatment or referral to a physician.

Should a medical emergency occur, we will make every effort to contact you about treatment for your son or daughter. In the event that you cannot be contacted, we ask that you give us permission to provide emergency medical treatment.

In the event that I cannot be contacted by telephone, I grant permission for the certified athletic trainer of Sharon Regional Health System to provide emergency treatment for:

_____ (Son or Daughter)
(Student-Athletes Name)

Parent/Guardian Name: _____

Address: _____
City State Zip Code

Phone Numbers and Time of day at each number I may be contacted:

Home: _____ **Time:** _____ AM or PM

Work: _____ **Time:** _____ AM or PM

Cell : _____ **Time:** _____ AM or PM

Signature: _____
(Parent/Guardian) Date

Sharon Regional Health System
Sports Medicine Services
2360 Highland Road
Hermitage, PA 16148

Sharon Regional Health System School District Student Emergency Information Form

Student Name: _____

Address: _____

Phone Number: _____

Date of Birth: _____

Sport(s): _____

Contact Lenses: YES NO (Circle Answer)

Allergies: _____

Parent/Guardian: _____

Address: _____

Home Phone: _____

Other Phone: _____

Emergency Contact: _____

Phone Number: _____

Physician Name: _____

Phone Number: _____

Preferred Hospital _____

Name of Insurance Co.: _____

Address: _____

Group Number: _____

Policy Number: _____