

Tri-County Schools

303 Pembina Trail S - P.O. Box 178, Karlstad, MN 56732

Ph: 218-436-2261 | Fax: 218-436-2263
www.tricounty.k12.mn.us

Permission for Medical Treatment 2023-2024

Athlete's Name: _____ Grade: _____

Sports: _____

Parent(s)/Guardian(s): _____

Home Phone: _____

Work Phone: _____

Physician: _____ Phone: _____

Special Medications/Allergies: _____

Is there anything your coach should be aware of concerning this athlete's medical history?

Please list two emergency contacts other than parent(s)/guardian(s):

Name: _____ Phone: _____

Name: _____ Phone: _____

In the event of an emergency requiring medical attention, I hereby grant permission for emergency treatment for the athlete listed above. I expect an effort will be made to contact me in order to receive my specific authorization before emergency room treatment is undertaken. I understand that the cost for any medical attention is NOT covered by Tri-County High School, Marshall County Central High School, or the Minnesota State High School League.

Parent/Guardian Signature: _____

Date: _____

This Form Will Be Taken To All Events