

**AUSTIN STRIDERS TRACK CLUB, INC.  
MEDICAL TREATMENT PERMISSION FORM**

In the event of an emergency occurs while my child \_\_\_\_\_ is on an Austin Striders Track Clubs, Inc. sponsored practice or trip, I grant permission to the team to take whatever action necessary, including notifying I (parent/guardian) \_\_\_\_\_ immediately. In the event that I cannot be reached, I hereby authorize the coach, administrator, or any board member to give consent for my child, to receive medical treatment.

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Cell # \_\_\_\_\_ Pager # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Person to be notified other than a parent or authorization for consent to medical treatment, what procedures should be followed?

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Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Medical Information Circle One**

Heart condition or diseases	yes	no
Diabetes	yes	no
Convulsions disorder	yes	no
Asthma	yes	no
Allergic to medication	yes	no
Allergic to insect stings	yes	no

List Allergies \_\_\_\_\_

List any medication (s) currently receiving \_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_

Additional medical information that may be helpful \_\_\_\_\_

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