



Portage Warrior Athletics



301 E. Collins Street
Portage, WI 53901

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Authorization for Medical Treatment

To be submitted to the Athletic Director: (please print)

Student _____ Grade _____ Age _____ Gender _____ Address _____

Father (Guardian) _____ Home or Work phone _____

Cell Phone _____

Mother (Guardian) _____ Home or Work phone _____

Cell Phone _____

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Emergency contact (relationship to student) _____ Contact phone _____

Physician _____ Physician phone _____

Medical Information: (list allergies, medications, conditions and any known restrictions).

If you and the Physician of your choice, as indicated above, cannot be reached in an emergency, and if, in the judgment of Portage Community School District coaches, staff, and or officials, find that immediate medical attention and/or hospital attention is indicated do you authorize responsible authorities to send your child, properly accompanied, and to treat your child at an available hospital and/or by a physician?

YES _____

NO _____

Parent/Guardian signature _____

Date _____

This emergency form is valid for the 2020 - 2021 school year.