



# Portage Warrior Athletics



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## **Authorization for Medical Treatment**

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

\_\_\_\_\_  
Student Gr. Age M/F Address

\_\_\_\_\_  
Father Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Mother Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
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 see 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 sheet is valid for the 2016 - 2017 school year.**