Wranglers Emergency Treatment Form
2026-2027

Athlete Name	
Date of Birth and Age of Athlete	
Home Address	
Primary Parent/Guardian	
Parent Primary Phone	
Secondary Parent/Guardian (optional)	
Emergency Contact & Relationship to Athlete	
Primary Care Physician (name and phone number)	
Insurance Provider, Policy/Group Number	
Allergies ((Please list any allergies to medications, foods, insects, or environmental triggers.)	
Medical Conditions (Examples: asthma, diabetes, seizures, heart conditions, **past concussions**, etc.)	
Medications (Include inhalers, EpiPens, daily medications, etc.)	

Consent for Emergency Treatment

In the event of an injury or medical emergency in which I cannot be reached, I hereby authorize the coaching staff, team representatives, or emergency personnel to seek and obtain necessary medical treatment for my child. I understand that every effort will be made to contact me prior to treatment. I also authorize emergency medical personnel to transport my child to the nearest or most appropriate medical facility.

Signature: _____Date: _____

Permission to Administer Basic First Aid

I give permission for trained team staff to administer basic first aid (e.g., ice, bandages, wound cleaning, EpiPen assistance, asthma inhaler assistance as prescribed) as needed during practices, games, or related activities.

Parent/Guardian Signature: _____ Date: _____

I give permission to authorized staff members to provided Acetaminophen/Ibuprofen, Pepto/Tums/Antacids, Benadryl/Claritin/Zyrtec, Eye Drops, Sunscreen if I am unavailable for verbal consent.

Parent/Guardian Signature: _____ Date: _____

Additional Info can be written on the back such as custody restrictions that will be important in case of an emergency