

Emergency Information & Consent

SECTION A | STUDENT INFORMATION [PRINT OR TYPE]

ATHLETE'S NAME _____

AGE _____	DATE OF BIRTH _____	GRADE _____	SCHOOL YEAR _____
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PARENT / GUARDIAN NAME _____	DAY PHONE: _____
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PRESENT HOME ADDRESS (street, city, zip) _____	EVENING PHONE _____
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PERSON TO NOTIFY IN EVENT OF EMERGENCY _____	RELATIONSHIP TO STUDENT _____	DAY PHONE: _____
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PRESENT HOME ADDRESS (street, city, zip) _____	EVENING PHONE _____
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SECTION B | INSURANCE INFORMATION [PRINT OR TYPE]

NAME OF INSURED: _____	NAME OF INSURANCE COMPANY: _____
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EMPLOYER OF INSURED: _____	POLICY / GROUP NUMBER: (see attached copy) _____
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SECTION C | MEDICAL HISTORY [PRINT OR TYPE]

ATHLETE HEIGHT: _____	ATHLETE WEIGHT: _____
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LIST CHRONIC ILLNESSES (asthma, diabetes, etc.) _____	LIST SEASONAL OR FOOD ALLERGIES: _____
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LIST CHRONIC INJURY TENDENCIES (sprained ankle, etc.) _____	ATHLETE WEARS PROTECTIVE BRACE (ankle, knee, elbow, etc.) _____
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CURRENT PRESCRIPTION MEDICATIONS _____	CURRENT OVER-THE-COUNTER MEDICATIONS _____
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SECTION D | EMERGENCY CONSENT AUTHORIZATION

I, _____, am the parent/legal guardian of

_____, who attends _____.

I consent to my child's participation in the following sports:

In the event that hospital care is needed and time allows, I prefer my child be taken to _____ (hospital).

In the event of an emergency that may arise from my child's participation in athletics, I hereby authorize the Certified Athletic Trainer (ATC) or athletic coaching staff of _____ (school) to consent to any medical treatment, diagnosis, and/or hospital care by a physician licensed in this state.

Signature of Parent/Legal Guardian _____

Date _____