

*Athletic Programs*

## **Emergency Information & Consent**

**SECTION A | STUDENT INFORMATION** [PRINT OR TYPE]

ATHLETE'S NAME \_\_\_\_\_

AGE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

GRADE \_\_\_\_\_

SCHOOL YEAR \_\_\_\_\_

PARENT / GUARDIAN NAME \_\_\_\_\_

DAY PHONE: \_\_\_\_\_

PRESENT HOME ADDRESS (street, city, zip) \_\_\_\_\_

EVENING PHONE \_\_\_\_\_

PERSON TO NOTIFY IN EVENT OF EMERGENCY \_\_\_\_\_

RELATIONSHIP TO STUDENT \_\_\_\_\_

DAY PHONE: \_\_\_\_\_

PRESENT HOME ADDRESS (street, city, zip) \_\_\_\_\_

EVENING PHONE \_\_\_\_\_

**SECTION B | INSURANCE INFORMATION** [PRINT OR TYPE]

NAME OF INSURED: \_\_\_\_\_

NAME OF INSURANCE COMPANY: \_\_\_\_\_

EMPLOYER OF INSURED: \_\_\_\_\_

POLICY / GROUP NUMBER: (see attached copy) \_\_\_\_\_

**SECTION C | MEDICAL HISTORY** [PRINT OR TYPE]

ATHLETE HEIGHT: \_\_\_\_\_

ATHLETE WEIGHT: \_\_\_\_\_

LIST CHRONIC ILLNESSES (asthma, diabetes, etc.) \_\_\_\_\_

LIST SEASONAL OR FOOD ALLERGIES: \_\_\_\_\_

LIST CHRONIC INJURY TENDENCIES (sprained ankle, etc.) \_\_\_\_\_

ATHLETE WEARS PROTECTIVE BRACE (ankle, knee, elbow, etc.) \_\_\_\_\_

CURRENT PRESCRIPTION MEDICATIONS \_\_\_\_\_

CURRENT OVER-THE-COUNTER MEDICATIONS \_\_\_\_\_

**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 \_\_\_\_\_