

# EMERGENCY INFORMATION AND CONSENT FOR STUDENT ATHLETES

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ List Sport(s): \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Email: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Email: \_\_\_\_\_

### IN CASE OF EMERGENCY, AND PARENT/GUARDIAN CANNOT BE REACHED, CONTACT:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

### INSURANCE INFORMATION

Insurance Co.: \_\_\_\_\_ Address (City & State): \_\_\_\_\_

Insurance Phone #: \_\_\_\_\_ Is this a PPO or HMO plan? \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

### MEDICAL INFORMATION

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_ Hosp Preference: \_\_\_\_\_

Known Allergies (food, drug, insects, etc): \_\_\_\_\_

Current Medications (inhaler, insulin, etc): \_\_\_\_\_

Medical History (asthma, head injuries, surgeries, vision problems, blood pressure, etc): \_\_\_\_\_

#### **Parent / Guardian Permission:**

I / We give our permission for the above name student to participate in organized school athletics, realizing that such activity involves the potential for injury and/or transmittable diseases that is inherent in all sports. I / We acknowledge that even with qualified coaching, use of approved equipment, and strict safety rules; injuries and/or transmittable diseases are still a possibility. On rare occasion, these injuries and/or transmittable diseases can be so severe as to result in total disability, paralysis, or even death.

#### **Consent for Emergency Care:**

The athletic staff (athletic trainers, coaches, or other school officials) may apply first aid treatment for any injury sustained during participation sanctioned by Shelby County High School. In case the parent/guardian cannot be reached, we give consent for the athletic staff to use their own judgment in securing medical aid, ambulance service, and if necessary hospital admittance when needed, as result of injury during participation in sanctioned practices/games schedule by Shelby County High School. I authorized any hospital, which has provided treatment to the above named student to surrender custody of that student to the athletic trainer or school representative upon completion of treatment. I understand that any expenses incurred will be paid for by the parent/guardian, or by insurance coverage provided by the parent/guardian, and that payment of any medical expense is not the responsibility of the school or school district. It is hereby understood that the consent and authorization hereby is given and granted are continuing, and are intended by me to extend throughout the current school year.

**Parent/ Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_