

**EMERGENCY INFORMATION AND CONSENT  
FOR STUDENT ATHLETES**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ List Sport(s): \_\_\_\_\_  
(Last) (First) (M.I)

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 occasions, these injuries and/or transmittable diseases can be so severe as to result in total disability, paralysis, or even death.

**Consent for Emergency Care:**

I give consent for the athletic staff (athletic trainers, coaches, or other school officials) to apply first aid treatment for any injury sustained during athletic participation sanctioned by Helena Middle School. In the event that the parent/guardian cannot be reached, we give consent for the athletic staff to use their best judgment in securing medical aid, ambulance service, and if necessary hospital admittance, as a result of injuries sustained during participation in athletic practices and/or games sanctioned by Helena Middle School. I authorize 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 medical expenses incurred will be paid for by the parent/guardian, or by insurance coverage provided by the parent/guardian, and that payment is not the responsibility of the school or school district. It is hereby understood that the consent and authorization being given is continuing, and is intended by me to extend throughout the sports season in which my child is participating in the current school year.

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