

## Student-Athlete Emergency Form

PERSONAL

Athlete's Name: \_\_\_\_\_ Sport: \_\_\_\_\_

D.O.B \_\_\_\_\_ Age on Last Birthday: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone(s): \_\_\_\_\_ Parent Email: \_\_\_\_\_

**Person to contact in case of emergency other than parent or guardian:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

INSURANCE

Name of Insured: \_\_\_\_\_

Employer of Insured: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy/Group#: \_\_\_\_\_

MEDICAL

Family Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Last Tetanus Booster: \_\_\_\_\_

List **ALL** Current Medication: \_\_\_\_\_

List **ANY** Chronic Illness' (Diabetes, Asthma, etc.) \_\_\_\_\_

Have you ever had a head injury?  Yes  No If so, when? \_\_\_\_\_

Do you experience dizziness and/or headaches with exercise?  Yes  No

Were you hurt in a previous athletic season?  Yes  No If so, please describe your injury or illness. \_\_\_\_\_

Seasonal or Food Allergies: \_\_\_\_\_

Chronic Injuries (sprained ankles, etc.) \_\_\_\_\_

Wears Protective Support/Brace (ankle, knee, etc.) \_\_\_\_\_

Wears glasses and/or Contacts Lenses:  Yes  No

**Permission to administer emergency medical care:** I consent for an emergency medical care provider to administer any emergency medical care deemed advisable to the welfare of the herein named student while the student is practicing for or participating in Inter-School Practices, Scrimmages, and/or Contests. Further, this authorization permits, if reasonable efforts to contact me have been unsuccessful, physicians to hospitalize, secure appropriate consultation, to order injections, anesthesia (local, general, or both), or surgery for the herein named student. I hereby agree to pay for physicians' and/or surgeons' fees, hospital charges, and related expenses for such emergency medical care.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_