SOUTH LYON COMMUNITY SCHOOLS
ATHLETIC PARTICPANT EMERGENCY CONTACT FORM

First Initial Last Name:_____

Athlete Emergency Information

Athletes Full Name (First, Middle, Last):_____

Date of Birth: _____/_____/_____ Grade:_____

Home Address: _____

City: _____Zip Code: _____

Health Insurance Company: _____ Policy Number: _____

Family Doctor: _____ Phone #: _____

1. Parent / Guardian: _____

Home #: _____ Work #: _____ Cell #: _____

2. Parent / Guardian: _____

Home #: _____ Work #: _____ Cell #: _____

In case of emergency, if you are unable to reach a parent/guardian, please contact:

Name:_____ Relation:_____

Home #: _____ Work #: _____ Cell #: _____

Parent/ Guardian Consent to Treatment

I, _____, the
(NAME OF PARENT/GUARDIAN)
undersigned parent/guardian of _____,
(NAME OF STUDENT)
a minor, do hereby authorize the South Lyon Community Schools athletic department director, coaches, athletic trainer or other school representative on my behalf to consent to ANY medical treatment deemed necessary by any licensed physician/surgeon in the event of illness or injury to the above-named minor.

This consent to treat is intended to cover any illness or injury sustained while participating in any school athletic competition or practice, on or off campus, and while traveling to and from the event.

If, in the judgment of any representative of the school, the above named student needs immediate care and/or treatment as a result of any injury or illness, I do hereby request, authorize and consent to such care and treatment as may be given to said student by any physician, trainer, nurse, hospital, or school representative, and I do hereby agree to indemnify and hold harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student. I hereby authorize any hospital that has provided treatment to the above named student to surrender custody of that student to the coach, athletic trainer, or other school representative upon completion of treatment.

These authorizations shall remain effective until the end of the **20_____/20_____** school year

_____ _____
Parent / Guardian Signature **Date**

_____ _____
Signature of Student **Date**

Revised 6/2008

PLEASE RETURN TO YOUR COACH. THIS FORM REMAINS WITH THEM.