

**Athlete Emergency Information**

Athlete's Name \_\_\_\_\_ Sport \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Email \_\_\_\_\_ Alt. Phone \_\_\_\_\_

**Emergency Contact Name** (if different than above) \_\_\_\_\_

**Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_

**\*Medical insurance is a requirement to participate in athletics! If you need school insurance see the Athletic Trainer!\***

Insurance \_\_\_\_\_ Policy Holder \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Physician(s) \_\_\_\_\_

Please provide the following information regarding this student-athlete: DOB \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Inhaler YES / NO Medications: \_\_\_\_\_

**Your child's health and safety is the highest priority for our athletic training staff. These guidelines have been initiated to ensure safety. Please read the following statements and initial that you are aware and of these guidelines.**

\_\_\_\_\_ In the event of an emergency, the Athletic Trainer/Coach/ or Administrator has permission to treat my child and initiate transport by EMS if medically necessary.

\_\_\_\_\_ Medical information regarding my child may be shared with emergency personnel, coaches, and physicians involved with ongoing care.

\_\_\_\_\_ If my child is under the care of a physician for an injury or medical condition, a doctor's statement releasing him/her to participation is required and must be presented to the athletic trainer and coaches prior to resuming participation.

\_\_\_\_\_ Coaches and athletic trainers will withhold my child from participation if a head injury or concussion is suspected and further medical treatment may be required.

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

DATE