MERIDIAN MIDDLE SCHOOL EMERGENCY INFORMATION AND PARENT/GUARDIAN CONSENT FOR PARTICIPATION IN INTERSCHOLASTIC SPORTS

Please Print Student's Name: Birthdate: Grade: Parents/Guardians: Home Phone: Address: _____ City: _____ Zip Code: _____ Father's Work Phone: _____ Mother's Work Phone: _____ Father's Cell Phone: _____ Mother's Cell Phone: _____ In an emergency, if the parents/guardians cannot be reached, notify: Phone: ______(Relationship) Family Doctor: Phone: Known Allergies: Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, X-ray examination, and immunization for the aboved-named child. In the event of an emergency arising out of a serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is unable to communicate with me, the treatment necessary for the best interest of the above-named child may be given. I, as parent/guardian, understand that the school district has made available an accident insurance program in which my child may enroll, and that the program is optional and limited to the coverage specified in the brochure. I realize there is a possibility that my child may suffer injury, including permanent paralysis or death, as a result of participation in athletic activities. I further understand that the school district disclaims any financial responsibility for the cost of medical treatment, hospitals, ambulances, or paramedics, etc., arising out of or by virtue of an injury to my child while participating in interscholastic competition or preparation thereof. The above-named child has my premission to participate in the following interscholastic sports, marked with an X: ____ Baseball Basketball Volleyball ____ Track - softball Cheerleading

(Date)

Parent/Guardian Signature: