

# EMERGENCY CARD / PARENT PERMISSION FOR STUDENT ATHLETIC PARTICIPATION

The school's athletic program is an integral part of the curriculum, and school personnel have devoted great effort to assure that participating students are protected in every way possible. However, participation in athletics includes a risk of injury which may range in severity from minor to long-term catastrophic; including paralysis and death. Participants have the responsibility to help reduce the chance of injury. Participants must obey all safety rules and regulations, report all physical problems to the coach or athletic trainer to follow a proper conditioning program and inspect personal protective equipment daily. Proper execution of skill techniques must be followed for every sport, especially in contact sports, the head is not never to be used as a "ram" and the head should not be used as an initial contact point.

**ATHLETE INFORMATION:** Athlete Name \_\_\_\_\_

Cell # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender : M F Birth date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_

Street

City

**Specific Medical Conditions (check all that apply and list any other known conditions):**

Concussion(s) Qty: \_\_\_\_\_ (list years) \_\_\_\_\_ Asthma: \_\_\_\_\_ Requires inhaler? \_\_\_\_\_

(office use only:) Cleared: \_\_\_\_\_

Medications: \_\_\_\_\_

Other known conditions: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

*Father/Guardian Info*

*Mother/Guardian Info*

Name \_\_\_\_\_

Home # \_\_\_\_\_

Cell # \_\_\_\_\_

Work # \_\_\_\_\_

**PERSON OTHER THAN PARENT/GUARDIAN TO CONTACT IN CASE OF EMERGENCY:**

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

City \_\_\_\_\_ Home# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Work# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Cell# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Doctor Info:** Physician Name \_\_\_\_\_ Contact # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Insurance Info: (Copy of insurance card preferred, if no card please fill out fields below):**

Insurance thru \_\_\_\_\_

Policy Under \_\_\_\_\_ Policy # \_\_\_\_\_

**PLEASE READ EACH OF THE FOLLOWING STATEMENTS AND INITIAL TO SHOW THAT YOU HAVE READ, UNDERSTAND AND APPROVE:**

- I consent to have my child represent his/her school in approved athletic activities except those activities excluded by a doctor's note.
- I grant permission for my child to accompany any school team of which he/she is a member of out-of-town trips. The athlete will be transported to and from all events in school approved vehicles. Parents wishing to have their child with them when returning from an event must make written arrangements with the coach.
- I acknowledge and accept that there are risks of physical injury involved in athletic participation which may result in permanent paralysis, mental disability, and death. I agree not to hold the school or anyone acting on its behalf responsible for any injury occurring to my child in the proper course of such athletic activities or travel.
- In the event of an emergency requiring medical attention, I except every reasonable attempt to be made to contact me. If I cannot be reached, I grant permission for any immediate treatment deemed necessary by the attending physician and transfer of my child to a qualified medical facility. This authorization does not cover major surgery unless formally decreed prior to surgery by two licensed physicians or dentist.

**Freshman Year:** Parent Signature \_\_\_\_\_ Athlete Signature \_\_\_\_\_

**Sophomore Year:** Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent Signature: \_\_\_\_\_

**Junior Year:** Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent Signature: \_\_\_\_\_

**Senior Year:** Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent Signature: \_\_\_\_\_

**Junior High** Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent Signature \_\_\_\_\_