

Riverton Parke Jr./Sr. High School

Athletic Emergency Information

Student Name: _____ Birth Date: _____ Age: ____ Grade: ____
Address: _____ Home Phone: _____
Parent/Guardian Name: _____ Cell Phone: _____
Place of Employment: _____ Business Phone: _____

In Case of Emergency, if parent cannot be contacted

Notify: _____ Phone: _____
Family Physician: _____ Physician Phone: _____
Preferred Hospital: _____
Known allergies: (including medication allergies) _____
Current medications: _____
Date of last Tetanus shot: _____
Significant Medical Conditions: (Diabetes, Asthma, etc.) _____
Insurance Company: _____ Policy Number: _____

I give my consent for the athletic trainers/coaches and staff to provide emergency care, follow-up care, including therapeutic modalities, and rehabilitation of injuries sustained during Riverton Parke Jr./Sr. High School athletics. Modalities may include but not limited to electrical stimulation, ultrasound, light therapy, and Graston technique performed by athletic trainers.

Parent Signature: _____ Date: _____

Riverton Parke Jr./Sr. High School Medical Information Release

In compliance with the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA), I _____,

as the legal guardian/parent of _____,

do hereby give my consent to the Riverton Parke Jr./Sr. High School Athletic Training staff to exchange pertinent medical information with the appropriate personnel (i.e. physicians, coaches, athletic trainers, and school administrators). This information is only exchanged on a need to know basis and may include injury condition, illness, and/or return to play status.

Parent Signature: _____ Date: _____

