

## 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: \_\_\_\_\_

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### 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: \_\_\_\_\_

