



## Athlete Emergency Information Form

### Contact Information:

Athlete name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Mother/Guardian name: \_\_\_\_\_ Email: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Father/Guardian name: \_\_\_\_\_ Email: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Athlete home address: \_\_\_\_\_ City: \_\_\_\_\_

Athlete email: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### Medical Information:

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

Past medical problems: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### Parental Permission:

As the parent/guardian of \_\_\_\_\_, I give my consent for the student to participate in athletics. If the student-athlete is injured while participating in athletics and the school is unable to contact me, I grant the school permission and authority to obtain necessary medical care and/or treatment for the student's injury. Treatment may include, but is not limited to, first aid, CPR, medical or surgical treatment recommended by a physician. I accept the financial responsibility for such medical care or treatment.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Insurance Information:

Insurance Company Name \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

Insurance Company Phone \_\_\_\_\_ Policy # \_\_\_\_\_

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

Is your insurance a: PPO HMO Other \_\_\_\_\_

Does your insurance require a referral from your Primary Care Physician? \_\_\_\_\_