

**Athletic Department  
Emergency Information and Parent Consent**

**General Information:**

Athlete's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Parent's Name: \_\_\_\_\_ Home Phone No: \_\_\_\_\_  
 Parent's Employer \_\_\_\_\_ Work Phone No: \_\_\_\_\_  
 Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
 In an emergency, if the parents cannot be reached, notify:  
 Name: \_\_\_\_\_ Phone No: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

**Health Information:**

Family Doctor: \_\_\_\_\_ Phone No: \_\_\_\_\_  
 Family Dentist: \_\_\_\_\_ Phone No: \_\_\_\_\_  
 Known Allergies: \_\_\_\_\_  
 Current Medications: \_\_\_\_\_

Answer YES or NO to the following: (If yes, please explain on back of sheet)

*Asthma:* \_\_\_\_\_ *Inhaler:* \_\_\_\_\_ *Concussion:* \_\_\_\_\_  
*Diabetic:* \_\_\_\_\_ *Skin Condition:* \_\_\_\_\_ *Seizure:* \_\_\_\_\_

**Consent Forms:**

In an emergency, I give permission for the coach, athletic trainer and/or team physician to use their judgement in securing medical care and/or an ambulance.

Also, permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the above-named student. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above-named student may be given.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I give permission for the school athletic trainer (coach) to speak with physician(s) regarding my child's health status as it pertains to athletic participation.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I give permission for coaches, athletic director, principal, and guidance counselors to give copies of my child's transcript to college coaches and/or college recruiters.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_