

# ATHLETIC AND MEDICAL EMERGENCY AUTHORIZATION FORM

**\*\*\* Please press firmly enough to go through all copies of this form \*\*\***

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone \_\_\_\_\_

## Health insurance is required for participation in athletics.

Health Insurance Company: \_\_\_\_\_ Policy No. \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

## In case of emergency and parent/legal guardian cannot be reached, contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Medical Information:

- |  |  |
|--|--|
| <input type="checkbox"/> Allergies _____                         | <input type="checkbox"/> Have you experienced seizures? If so, describe: _____ |
| <input type="checkbox"/> Ailments/General Conditions: _____      | <input type="checkbox"/> Activity Limitations & Restrictions: _____            |
| <input type="checkbox"/> Medications being taken: _____          | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Operations you have had: _____          |  |
| <input type="checkbox"/> Do you have Diabetes? _____             |  |
| <input type="checkbox"/> Do you have a known hearing loss? _____ |  |

**AUTHORIZATION FOR MEDICAL TREATMENT:** In case of illness, accident, or other emergency involving the above-named student, the principal or coach is authorized to act on my behalf when efforts to contact me are unsuccessful. As a parent or legal guardian, I authorize a qualified physician to examine the above-named student in the event of injury. I also give permission to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, if deemed necessary, to insure proper care of any injury. Every effort will be made to contact a parent or guardian to explain the nature of the problem prior to any involved treatment. I have also read the Code of Conduct; I give my consent for the above-named student to engage in school and WIAA-approved athletic activities as a representative of his/her school; and I give my consent for my son/daughter to accompany the team when it travels to other schools.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Please mark the sports/activities in which the above-named student might choose to participate this year:

- |  |                                     |                                    |                                    |  |                                 |
|--|-------------------------------------|------------------------------------|------------------------------------|--|---------------------------------|
| <input type="checkbox"/> Football      | <input type="checkbox"/> Tennis     | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Baseball  | <input type="checkbox"/> Rally Squad         | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Volleyball    | <input type="checkbox"/> Water Polo | <input type="checkbox"/> Swim/Dive | <input type="checkbox"/> Fastpitch | <input type="checkbox"/> Dance/Drill Team    |                                 |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Basketball | <input type="checkbox"/> Golf      | <input type="checkbox"/> Track     | <input type="checkbox"/> Bowling(girls only) |                                 |

**STUDENT STATEMENT:** I have read the Code of Conduct contained in the athletic handbook and agree to follow the guidelines set forth. The signatures of both the student and parent/guardian on this form signify understanding and acceptance of the rules explained in the Athletic Handbook, including the safety cautions, considerations, and responsibilities required for participation on a sports team, as well as an understanding of the possible risks and dangers involved in such participation.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_