

HARRISON SCHOOL DISTRICT 2 ATHLETICS

EMERGENCY RELEASE AND INSURANCE FORM

STUDENT NAME: _____ SPORT: _____

PHYSICAL EXPIRES: _____ GRADE: _____ AGE: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

HOSPITAL PREFERENCE/REQUIREMENT BY INSURANCE: _____

Please list any significant health problems that might be critical to a physician evaluating your child in case of an emergency:

Please list any allergies to medications, etc _____

Has student been prescribed an inhaler or epi-pen? Circle Yes or No

Is student presently taking medication? Circle Yes or No

If yes, what type? _____

Does student wear contact lenses? Circle Yes or No

Please list date of last tetanus shot: _____

Emergency Authorization: In the event I cannot be reached in an emergency, I hereby give permission to the physician, coach, athletic trainer, school representative, and other qualified medical providers to hospitalize, to secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above during all periods of time in which the student is away from his/her legal residence as a member of an interscholastic activity team or group.

My student is currently insured by our family policy with:

Name of Company: _____

Policy Number: _____ Name of Policy Holder: _____

NOTE: If your insurance changes at any time, it is the parents' responsibility to notify the athletic department immediately.

I certify that all of the above information is correct and my signature below confirms agreement with this form.

Signature of parent or guardian: _____ Date: _____

Relationship to student: _____