

**Dayton School District #8  
Sports Emergency Information**

Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Student's Name	Parent/Guardian's Name	
Address/City/Zip	Main Phone #	Cell #
Emergency Contact Name	Emergency Contact #	

**Emergency Medical Information**

Allergies \_\_\_\_\_

Medication Taken  
Regularly \_\_\_\_\_

Other Conditions \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

**Medical Treatment Consent**

As parent/guardian of the above named student, I hereby give my permission, in the event that I cannot be reached, for authorized school officials to obtain professional medical attention, transportation, diagnostic testing and necessary hospitalization for my son/daughter in case of injury or illness while participating (practice or competition) in the athletic program of Dayton Public Schools during this current year.

The Student is covered by:

Football Insurance	_____
School Medical Ins.	_____
Family Medical Ins.	_____

<b>Signature of Parent/Guardian</b>	<b>Insurance Company/Carrier</b>	<b>Group/ID #</b>
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We (parents/guardians) are aware of the fact that the only coverage for accident or injury of our child is the coverage provided by us and that the school cannot and does not assume any financial obligation resulting from an injury or for treatment of an injury.  
This includes injury during transportation as well as direct participation in the activity. 08/09/2016

**Section 3: Consent for Athletic Conditioning, Training and Health Care Procedures**

I hereby give consent for my child to participate in the school's athletic conditioning and training program, and to receive any necessary health care treatment including first aid, diagnostic procedures, and medical treatment, that may be provided by the treating physicians, nurses, athletic trainer, or other healthcare providers employed directly or through a contract by the school, or the opposing team's school. The health care providers have my permission to release my child's medical information to other healthcare practitioners and school officials. In the event I cannot be reached in an emergency, I give permission for my child to be transported to receive necessary treatment. I understand that Oregon School Activities Association or it's associates may request information regarding the athlete's health status, and I hereby give my permission for the release of this information as long as the information does not personally identify my child.

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