

# Cave Creek Unified School District

## ATHLETIC EMERGENCY INFORMATION

STUDENT: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ AGE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENT(S) NAME: \_\_\_\_\_ PHONE: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

If not living with parents, with whom are you living? \_\_\_\_\_ Relationship: \_\_\_\_\_

School(s) attended last year: \_\_\_\_\_

**IF PARENT/GUARDIAN CANNOT BE CONTACTED IN AN EMERGENCY, PLEASE CONTACT:**

NAME: \_\_\_\_\_ PHONE: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ PHYSICIAN PHONE: \_\_\_\_\_

PREFERRED HOSPITAL: \_\_\_\_\_ OTHER PERTINENT INFO: \_\_\_\_\_

**INSURANCE:** I clearly understand that it is the school district's policy that all students participating in interscholastic activities must have insurance and that the school cannot pay any medical costs from injury to a student.

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

I have purchased school insurance: ( ) Yes ( ) No I have my own insurance: ( ) Yes ( ) No

Insurance Company: \_\_\_\_\_ Policy Group # \_\_\_\_\_

I, the undersigned parent/guardian of the student named above, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care to said student as, in the judgment of said doctor or hospital, may be required, on an emergency basis, in the event said student should be injured or stricken ill while involved in an interscholastic activity sponsored by Arizona Interscholastic Association, of which the above named student is a school member.

I/we give our permission for \_\_\_\_\_ to participate in organized interscholastic athletics, realizing that such activity involves the potential for injury, which is inherent in all sports. I/we acknowledge that even with the best coaching, use of the most advanced protective equipment, availability of a certified athletic trainer and strict observance of rules, injuries are still a possibility. On rare occasions, the injuries can be so severe as to result in total disability, paralysis, and quadriplegia or even death.

I/we acknowledge that I/we have read and understand this warning.

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