



Waterford High School ("School")
Sports Medicine Emergency Information and Consent

Student's Name: Date of Birth:
Parent/Guardian Name: Phone:
Address:
Alternate Emergency Contact Name: Relationship:
Address: Phone:

IN CASE OF EMERGENCY, PLEASE NOTIFY:

First, Try: Parent/Guardian Alternate Emergency Contact
Then, Try: Parent/Guardian Alternate Emergency Contact

STUDENT'S MEDICAL INFORMATION

Primary Doctor: Phone:
Current Medications:
Known Allergies:
Other Medical Conditions: (asthma, diabetes, previous head injuries, etc. Use back of sheet if needed)
(continued on back)

Name of Medical Insurance Company or Plan:
Policy Number: Is plan an HMO? Yes No
If plan is an HMO, what is your primary care facility?

MEDICAL CONSENT TO TREAT STUDENT; AUTHORIZATION TO DISCLOSE STUDENT'S MEDICAL INFORMATION

Consent may be required in order for Student to participate in an athletic program. Consent is effective until it is revoked by a parent or guardian, or until Student is no longer enrolled at the School.

If no box is checked, it is assumed that consent is NOT given. Please check all applicable.

- Yes No If the athletic staff determines that Student is in need of immediate medical attention beyond that which can be provided by the athletic staff at School...
Yes No The Advocate Aurora Health, Inc. athletic staff, including athletic trainers, coaches, or other qualified personnel ("AAH staff") may apply first aid treatment for any injury sustained during participation in athletic programs sanctioned by School...
Yes No If available at School, School's athletic trainer may provide appropriate treatment modalities, such as ice/heat/compression to treat any Student injury or other medical condition.

Student Signature: Date:

Parent/Guardian Signature: Date:
(if student is a minor) Parent Guardian (relationship)

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