

EMERGENCY RELEASE AND INSURANCE
STATEMENT FORM 2024-2025 (TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN)

Student Name: _____ Grade: _____ Age: _____

Parent/Guardian's Name: _____

Address: _____

Best Phone # to Reach in Case of Emergency: _____

Hospital Preference/Requirement by Insurance: _____

Non-Parent/Guardian Emergency Contact & phone number:

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? ___ Yes ___ No

Is student presently taking any medication? ___ Yes ___ No
If yes, what type? _____

Does student wear contact lenses? ___ Yes ___ No

When was your student's 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, 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 her/his legal residence as a member of an interscholastic activity team or group.

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

Signature of Parent/Guardian: _____ Date: _____

***In compliance with District requirements, students who participate in interscholastic athletics must have medical insurance, please complete the following information:

My student-athlete is currently insured by our family policy with:

Name of Company: _____

Policy Number: _____ Name of Policy Holder: _____

I wish to purchase the accident policy available through D2? ___ Yes ___ No

NOTE: IF YOUR INSURANCE CHANGES AT ANY TIME, IT IS THE PARENT/GUARDIAN'S RESPONSIBILITY TO NOTIFY THE ATHLETIC DEPARTMENT IMMEDIATELY!

_____ **Parent/Guardian Initials** I have reviewed the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that such risk is inherent in play and practice for all sporting activities and during transportation to and from play and practice. With this knowledge in mind, I grant permission for my child/ward to participate in the sport and travel with the team. I have had an opportunity to understand the risk inherent in sports through meetings, written handouts, or some other means.

_____ **Parent/Guardian Initials** I hereby give my consent for any coach, athletic trainer, or school representative to contact emergency transportation such as an ambulance for the above named in the event of an accident or injury if determined necessary. I further agree to be financially responsible for any costs or financial liability for any and all medical treatment and emergency transportation (i.e. ambulances) even if my insurance does not cover and understand that any cost(s) will not be the responsibility of Harrison School District Two. I hereby waive on behalf of myself and the above named child any liability of Harrison School District two, or of any of its agents or employees, arising out of such medical treatment or costs associated with it.

_____ **Parent/Guardian Initials** I understand the School District and its employees may have certain legal protections and immunities from liability with respect to any personal injury that may occur during the activity or the event, and that the School District and its employees have not waived these protections and immunities.

_____ **Parent/Guardian Initials** If a student athlete has been injured in practice and/or competition, the nature of which required medical attention, the student athlete should not be permitted to return to practice and/or competition until he/she has received a release from a practicing physician, physician's assistant, or nurse practitioner. Parents are responsible for notifying the Athletic Director, Coach, or Trainer by providing a written release from the treating physician, physician assistant, or nurse practitioner allowing the student to resume participation in the activity following medical treatment.

_____ **Parent/Guardian Initials** Additionally, I give my consent and approval for the above named student's picture and name be printed in any middle school or association athletic program, as well as used by the media.