Fugett Middle School

Pupil's Name _____ **Grade _____**

Address _____

In case of illness or an accident to the child named above, the school athletic trainer or coach is authorized to render first aid measures according to his or her professional judgment and qualifications.

Guardian 1: may be contacted at:

Home Address _____

Work or Cell Phone _____ Home Phone _____

Guardian 2: may be contacted at:

Home Address _____

Work or Cell Phone _____ Home Phone _____

Name of other responsible person: _____

Work or Cell Phone _____ Home Phone _____

I have read and understood the **WCASD code of conduct** for extracurricular sports which can be found online on the Fugett website: _____ Date _____

(Signature)

Pupil is covered by which parent's insurance _____

Parent's Name _____

Medical Insurance Company _____

Policy Number _____ *Group Number* _____

List any allergies your child has:

1. _____
2. _____
3. _____

List any medications your child requires and the dosages:

1. _____
2. _____
3. _____

The nearest hospital will be used in an emergency. In an orthopedic emergency, if a choice of a doctor is possible, which doctor would you prefer? _____ (If you have no choice, leave blank). If the parent or guardians is unable to be contacted, I hereby consent for the hospital emergency physician to institute emergency care and X-rays if needed.

If there are any medical concerns that you feel that the coaches need to be made aware of, please email the coach or Thomas Swift at tswift@wcasd.net or attach specific instructions for the coach to this emergency card.

_____

(Signature of Parent or Guardian)