

West Linn -Wilsonville School District - Athey Creek Middle School

**Emergency Information for Athletics**

This MUST be filled out and returned to the athletic office before the first day of practice.

**Please check sports you will be participating in this year (one per season):**

**Fall:**

\_\_\_\_\_ Cross Country

\_\_\_\_\_

\_\_\_\_\_

**Winter:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Spring:**

\_\_\_\_\_ Boy's Track

\_\_\_\_\_ Girl's Track

Student \_\_\_\_\_ Phone \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Name \_\_\_\_\_ Mother's Day Phone \_\_\_\_\_ Father's Day Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

**Emergency Contact (if parent can't be reached):**

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Phone \_\_\_\_\_

Student's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Student's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Last Tetanus Immunization \_\_\_\_\_

**Health History – Please check all conditions that apply and explain below**

\_\_\_\_\_ Seizure Disorder \_\_\_\_\_ Heart Disease \_\_\_\_\_ Diabetes \_\_\_\_\_ Asthma

\_\_\_\_\_ Life Threatening Allergy \_\_\_\_\_ Other Health Concerns \_\_\_\_\_ Chronic Conditions

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ We give our consent for coaches, trainers and team physician to use their own judgement in securing medical aid in case the parents can't be reached.

**Insurance Agreement:** In order to assure financial protection in case of injuries, which may occur, it will be necessary for your son/daughter to have medical insurance. If you have your own policy, please consult your agent to determine exact coverage before indicating that your student has necessary protection. For those who do not have insurance that covers interscholastic sports, the West Linn/Wilsonville SD has contracted the Oregon School Board Assoc. for student insurance for the current school year. Information is available at each school.

\_\_\_\_\_ My child has adequate insurance. Insurance Company Name \_\_\_\_\_  
Policy # \_\_\_\_\_

\_\_\_\_\_ My child is covered under the current School District Student Insurance.

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

**COACHES:** You must have this form with you during **ALL PRACTICES AND GAMES.**