

## *Athletic Programs Emergency Information & Consent*

**Section A | Student Information**

Athlete's Name:

Age:

DOB:

Grade:

School Year:

Parent/Guardian Name:

Home Address (Street, City, Zip):

Telephone Number:

Cell Number:

Person to Notify in Event of Emergency:

Relationship to Student:

Home Address (Street, City, Zip):

Telephone Number:

Cell Number:

**Section B | Insurance Information**

Name of Insured:

Insurance Company:

Employer of Insured:

Policy/Group Number:

**Section C | Medical History**

Athlete Height:

Athlete Weight:

Chronic Illnesses (asthma, diabetes, etc.):

Seasonal or Food Allergies:

Chronic Injury Tendencies (sprained ankle, etc.):

Protective Braces (ankle, knee, elbow, etc.):

Current Prescription Medications:

Current Over-The-Counter Medications:

**Section D | Emergency Consent Authorization**

I, \_\_\_\_\_, am the parent/legal guardian of \_\_\_\_\_,  
 who attends \_\_\_\_\_.

I consent to my child's participation in the following sports: \_\_\_\_\_.

If time allows and hospital care is needed, I prefer my child be taken to the following hospital: \_\_\_\_\_.

In the event of an emergency that may arise from my child's participation in athletics, I hereby authorize the Certified Athletic Trainer (ATC) or athletic coaching staff of \_\_\_\_\_ to consent to any medical treatment, diagnosis, and/or hospital care by a physician licensed in this state.

Parent/Guardian Signature:

Date: