



Emergency Information and Release

Participating sports _____

Players Name _____ DOB _____ Grade _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Parent or Guardian Name _____ Phone # _____

Address _____

Work Phone _____ Cell Phone _____

Parent or Guardian Name _____ Phone # _____

Address _____

Work Phone _____ Cell Phone _____

Other Emergency Contact _____ Phone # _____

Emergency Information and Release

Physician _____ Phone # _____

Hospital Preference _____

Allergies _____

Other Medical Problems (concussion, surgery, etc) _____

Current Medications _____

Insurance _____ Policy # _____

Name of Insured _____

Address _____

Consent for Emergency Treatment for Interscholastic Injuries

I, _____, parent or guardian of _____
in consideration of my (son's/daughter's) opportunity to participate in interscholastic activities, I
hereby consent to emergency medical treatment, hospitalization, or other medical treatment as
may be necessary for the welfare of the above named child, by physician, qualified nurses,
and/or hospital, in the event of an injury or illness during all periods of time in which the
student is away from his/her legal parent/guardian as a member of an interscholastic activity
team or group, and hereby waive on behalf of myself and the above child any liability of the
school district, any of its agents or employees, arising out of such medical treatment.

Signature of parent/guardian

Date

