Clover Garden Athletic Department

Athlete Emergency Information Form

2018-2019

Contact Information:

Athlete name: _____ Date of birth:_____

Mother/Guardian name: _____ Email: _____

Home phone:_____ Work: _____ Cell: _____

Father/Guardian name: _____ Email: _____

Home phone:_____ Work: _____ Cell: _____

Athlete home address: _____ City: _____

Athlete email:_____ Cell_____

Emergency contact name: _____ Relationship: _____

Home phone:_____ Work: _____ Cell: _____

Medical Information:

Allergies: _____ Medications: _____

Past medical problems: _____

_____

Primary Care Physician:_____ Phone: _____

Parental Permission:

As the parent/guardian of _____, I give my consent for the student to participate in athletics. If the student-athlete is injured while participating in athletics and the school is unable to contact me, I grant the school permission and authority to obtain necessary medical care and/or treatment for the student's injury. Treatment may include, but is not limited to, first aid, CPR, medical or surgical treatment recommended by a physician. I accept the financial responsibility for such medical care or treatment.

Signature of Parent/Guardian:_____ Date: _____

<u>Insurance coverage (you must check one)</u>

__ I choose to take out the Student Accident or Health Insurance policy that is offered. The completed form and payment is enclosed.

__ I waive coverage through the Student Accident or Health Insurance because my child is covered under my/our policy.

Insurance carrier_____

Policy #_____

Effective date_____

Signature of Parent/Guardian _____ Date:_____

NOTE: This statement should be on file in the Athletic Director's office and is valid for one school year only.