

ATHLETIC CONSENT FORM

STUDENT NAME: _____ **GRADE:** _____ **SPORT:** _____

PHYSICIAN'S PERMISSION

I certify that I have examined the above named Athlete and determined that he/she is physically able to participate in the sports programs of Emery Secondary School. This permission is valid for the 2010-2011 school year, unless voided by serious injury, accident or illness. If void, it will be the responsibility of the child's parent/guardian to obtain renewed permission from his or her physician before resuming participation in sports.

Physician's Name (printed)

Physician's Signature

Date

PARENTAL INFORMED CONSENT

I, parent/guardian of the above named student, realize that there is a risk of being injured that is inherent in all sports. Having read this statement and knowing the risks, I give my approval of his/her participation in any and all of the activities supervised by the above named organization during the specified athletic season. I assume all risks and hazards incidental to the conduct of those activities.

I further release, absolve, indemnify, and hold harmless Emery Secondary School as well as any organizers, sponsors, supervisors and/or associated appointees.

Further, I hereby give permission to any member of the Emery Secondary School program to seek medical assistance for my child, and I further authorize any qualified person and/or medical facility to administer any necessary medical treatment to my child.

Parent/Guardian Name (printed)

Parent/Guardian Signature

Date

EMERGENCY MEDICAL INFORMATION

The following information will be used by your student's coach in the event that a parent/guardian is not available during a practice or a game in which an emergency occurs. Please complete the following information and be sure to update any information that changes during the course of the school year. Contact priority goes to the FIRST emergency name listed. If that individual is unavailable, the SECOND emergency name will be contacted.

Athlete's Address: _____ **City and Zip:** _____

1st Contact: _____ **Phone:** _____ **Cell Phone:** _____

2nd Contact: _____ **Phone:** _____ **Cell Phone:** _____

Family Doctor/Clinic: _____ **Phone:** _____

Family Dentist: _____ **Phone:** _____

Preferred Hospital: _____

Health Insurance Company: _____ **Policy #:** _____

Please list any medical conditions, medication being taken, and/or any other information relative to this athlete that may be helpful to medical personnel in the event of an emergency.

