

EMERGENCY INFORMATION AND RELEASE FORM

NAME:----- DOB:-----

ADDRESS:----- PHONE#:-----

----- SEX: F M

FAMILY PHYSICIAN:----- PHONE#:-----

ORTHOPEADIC PHYSICIAN:----- PHONE#:-----

PARENT(S)/GUARDIAN:-----

WK #----- CELL #----- RELATIONSHIP-----

WK #----- CELL #----- RELATIONSHIP-----

EMERGENCY PHONE #----- RELATIONSHIP-----

INSURANCE COMPANY:-----

PRIMARY CARD HOLDER-----

CONTRACT#----- GROUP #----- PHONE#-----

(PLEASE ATTACH A COPY OF FRONT AND BACK OF CARD)

IN THE EVENT OF SERIOUS INJURY REQUIRING IMMEDIATE MEDICAL ATTENTION AND WE ARE UNABLE TO CONTACT ANYONE OF THE PHONE NUMBERS ABOVE, DOES THE COACHING STAFF/ATHLETIC TRAINER HAVE YOUR PERMISSION TO SEEK MEDICAL ATTENTION?

----- YES ----- NO IF YOUR ANSWER IS NO, PLEASE STATE THE PROCEDURE YOU WISH THE COACHING STAFF/ATHLETIC TRAINER TO FOLLOW:

PLEASE CHECK ONE:

----- THOMAS HOSPITAL ----- SOUTH BALDWIN ----- CLOSEST AT TIME OF INJURY

PARENT SIGNATURE:----- DATE:-----

*****NOTE, THESE ARE GOOD FOR ONE SCHOOL YEAR. YOU WILL BE ASKED TO UPDATE YOUR CHILDS INFORMATION EACH YEAR. SHOULD ANY CHANGES IN MEDICAL CONDITION OR INFORMATION OCCUR, PLEASE NOTIFY THE SCHOOL AS SOON AS POSSIBLE.

