

Grassland Middle School

National Blue Ribbon School of Excellence 2004



EMERGENCY INFORMATION FORM FOR ATHLETES

EMERGENCY TREATMENT:

Since the malpractice question has come to the forefront, many hospitals and doctors will not treat a child (unless a matter of life or death) without a parent's consent. It is requested that you complete the information below so that if your child requires a visit to the hospital while under the supervision of the school, the hospital will be allowed to treat the injury. **It is the parents' responsibility to have insurance coverage on their child because the school does not provide insurance coverage.**

Consent Statement Authorizing Treatment:

Date: _____ Signature: _____
Parent or Guardian

EMERGENCY INFORMATION:

Student's Name: _____ Phone #: _____

Sex: M _____ F _____ Grade: _____ Date of Birth: ____/____/____

Insurance Carrier: _____

Policy & Group Numbers: _____

Allergies: _____

Guardian 1: Name: _____ Relationship: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____

Guardian 2: Name: _____ Relationship: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____

Other: Name: _____ Relationship: _____

Work Phone: _____ Cell Phone: _____

PARENT'S CONSENT:

I hereby give my consent for (Student's Name): _____ to represent
GRASSLAND MIDDLE SCHOOL in the sport of _____ and if
necessary, ride with the coach or designated parent to games and/or scrimmage.

Date: _____ Signature: _____
(Parent or Guardian)