

STUDENT ATHLETE EMERGENCY FORM

Name _____ Birthdate _____ Grade _____

Parent/Guardian Name(s) _____

Home Address _____

Athlete Resides with: _____ Mother _____ Father _____ Both _____ Other _____

Contact Phone Number #1 _____ Email address: _____

Contact Phone Number #2 _____ Email address: _____

Emergency contact if guardian cannot be reached: _____

Allergies: _____ Current Medications: _____

Any notable medical problem we need to be aware of: _____

I hereby give permission to a physician, athletic trainer, or medical center to provide medical services to my child.

Signature _____ Date _____

If my child is sick or incurs an injury, I give permission to the athletic trainer to administer over the counter medications and topicals (including but not limited to ibuprofen, acetaminophen, cold remedies, diphen, triple antibiotic ointment).

Signature _____ Date _____

INSURANCE INFORMATION

Students are not allowed to participate on interscholastic teams without health insurance.

Insurance company name _____ Insurance co phone number _____

Insurance co address _____

Insurance is provided through (employer's name) _____

Policy holder's name _____ Policy Holder's Date of Birth: _____

Policy # _____ Member ID/Group # _____

Authorization to release benefits to medical center/hospital

Signature _____ Date _____

STUDENT PARTICIPATION AND PARENTAL APPROVAL

THIS APPLICATION TO COMPETE IN INTERSCHOLASTIC ATHLETICS IS ENTIRELY VOLUNTARY ON MY PART AND IS MADE WITH THE UNDERSTANDING THAT I HAVE NOT VIOLATED ANY OF THE ELIGIBILITY RULES/REGULATIONS OF DEMATHA AND THE WCAC. Participation in high school athletics has many rewards and can provide tremendous enjoyment. However, it is important for both the participant and his parents to realize that an element of physical risk is present when one is involved in athletics. The purpose of this statement is to clarify the school's position in terms of insurance coverage and to obtain your permission to treat him medically if your son should be injured. DeMatha's insurance coverage, like that of all schools, does not cover personal injury that is the result of athletic participation. You must provide your own health insurance for athletic participation. It is important that you check with your own insurance carrier to be certain that athletic injury for your son is covered by your policy. If a family does not provide insurance coverage, a student is not eligible to participate on school interscholastic athletic teams. The school's insurance policy does cover injury that would result from an accident incurred with school transportation going to and from practice or game sites. Students who chose to provide their own transportation must carry their own insurance coverage. Likewise, students and/or parents who volunteer to transport others to and from practice and/or game sites are not covered by school insurance. Acknowledging and understanding this: "I hereby give my consent to the above named student to represent his school in athletic activities for which the attending physician has given medical clearance; to accompany any school team of which he is a member to any of its local or out of town trips. I authorize school personnel (coaches, athletic trainer) to obtain, through a physician of their own choice, any emergency medical care that may become necessary for the student in the course of such athletic activities or such travel. I understand and agree that I am the responsible party for any medical expenses that may occur from such an emergency or any medical care given. I also agree to not hold the school or anyone acting in its behalf responsible for any injury occurring to the above named student in the course of such athletic participation or travel."

Signature _____ Date _____

Athlete Signature _____ Date _____