

POTTSGROVE ATHLETIC DEPARTMENT

EMERGENCY AND INSURANCE INFORMATION

Each sibling must have a separate form with all information 'COMPLETED' by parent or guardian

ALL INFORMATION MUST BE PRINTED CLEARLY USING BLACK OR DARK BLUE INK

Student Name: _____ Grade presently in: 7 8 9 10 11 12

Today's Date: ____ / ____ / ____ Sport participating in: _____

Home Address: _____ Birth Date: ____ / ____ / ____

Home Phone: (____) _____

Mother's Cell Phone: (____) _____ Father's Cell Phone: (____) _____

Where can Parents be reached if **NOT** at Home?

Mother's Full Name: _____ Phone Number: (____) _____

Father's Full Name: _____ Phone Number: (____) _____

List two (2) Neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached if child is injured.

Name _____ Phone: (____) _____ Relationship: _____

Address: _____ Town and State _____

Name _____ Phone: (____) _____ Relationship: _____

Address: _____ Town and State _____

Physician's Name _____ Office Phone Number (____) _____

Address _____ Town and State _____

Family Dentist's Name: _____ Dentist's Office Phone Number: (____) _____

Name of Medical Insurance Company _____ Policy Number _____

I give my permission for the Athletic Trainer to give the following over the counter drugs to my child if needed: (Please Circle) **Ibuprofen** **Tylenol** **Anti Acid**

My child has the following **ALLERGIES** or **MEDICATIONS**: _____

ANY EXISTING ILLNESSES OR BROKEN BONES/SURGERY: _____

MEDICINE 'NOW' being TAKEN & DOSAGE (INCLUDE INSULIN): _____

In case of an accident, emergency or serious illness to my child, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to call for an ambulance to transport my child to the hospital.

Pennsylvania Law requires that consent be given before medical or health care services may be rendered to a minor except where in the judgment of the physician. An attempt to secure such consent would result in the delay of treatment that would create a risk to the minor's life or health. Even though you have provided this consent, all reasonable efforts will be made to contact you or a responsible member of your family or individuals listed above on this form in connection with any emergency. By signing your name below this states that all information is correct and up to date and understands the procedures that will be taken if child is injured.

Parent or Guardian Signature _____

Date: _____