

SCARBOROUGH ATHLETICS EMERGENCY CARD

Parents please fill out both sides of this form

Student Information: _____
Name as it appears on birth certificate Grade Date of Birth

Residence: _____ Since: _____ Home _____
Street address City Year Work Phone: _____

Insurance Information: Students must be protected by medical insurance in order to participate in athletics. Please indicate the option you wish to select for this purpose:

_____ [1] Individual or Group Health/Accident Insurance _____ - _____
Company Policy Number

_____ [2] I wish to purchase a Student Accident Insurance Policy through the School Department.

EMERGENCY MEDICAL TREATMENT PERMISSION AND INFORMATION

[1] Allergies and/or special medical problems [list any medications carried by student] _____

[2] Date of last Tetanus booster: _____ [3] Family Physician: _____

[4] Physician's Phone: _____

Fold here

relationship to athlete

date

Legal signature of parent/guardian

I hereby give my permission for the above named student to participate in interscholastic athletics including team travel for local, out-of-town, or out-of-state trips.

coverage for the above named student.

travel. Payment of all charges incurred for medical treatment is guaranteed by me or the insurance company providing of its own choice, any emergency care that may become reasonably necessary for the student in the course of athletic or I hereby authorize the school to obtain through a physician, certified athletic trainer, or qualified emergency personnel

risks, but it is impossible to totally eliminate such occurrences from athletics. Improvement in equipment, medical treatment, and physical conditioning, as well as rule changes have reduced these I understand that participation in interscholastic athletics may result in severe injury, including paralysis, or even death.

[9] Do you know of any reason why your child should not participate in interscholastic athletics?

[8] Is your child taking any medications?

[7] Is your child currently under a physician's care?

[6] Has your child had any illness lasting more than one week within this past year?

[5] Has your child had any injuries that required medical attention within the past year?

Please explain any "Yes" answers to the following questions: