

**EMERGENCY INFORMATION & CONSENT**

**\*\*RETURN THIS FORM TO YOUR COACH\*\***

REVISED 5-1-06

Athlete's Name \_\_\_\_\_ Nickname \_\_\_\_\_ Grade \_\_\_\_\_

Sex: M \_\_\_\_\_ F \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Allergies (List): \_\_\_\_\_

Serious Medical Conditions \_\_\_\_\_

Father/  
Guardian Name \_\_\_\_\_ Employer \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Mother/  
Guardian Name \_\_\_\_\_ Employer \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Another Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Family Dentist Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Family Health/Dental Accident Insurance:**

**\*\*very important – must be filled in completely\*\***

Carrier \_\_\_\_\_ Group \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_ ID# \_\_\_\_\_

Policy Holder \_\_\_\_\_ Relationship to Athlete: \_\_\_\_\_

If you do not have family insurance, School Day Insurance is available. Approximate Cost: Regular School Day Insurance - \$11.00  
24-Hour Coverage - \$46.00

*Forms may be picked up in the school office.*

**Varsity Football is *not* covered under School Day Insurance. If you do not have family coverage, additional insurance must be purchased.**

**Parental Consent**

I/we hereby grant consent to any and all health care providers designated by Arab City Schools to provide my child any necessary medical care as a result of any injury/illness. Therapy Plus has permission to administer modalities (i.e. ice, heat, ultrasound, or E-stim) to my child when necessary.

I/we also give permission for my/our child to participate in Arab sports. He/she will abide by all rules of the school and the athletic code of conduct.

I understand there is a risk of physical injury while participating in athletics; and I understand that I am responsible for all medical expenses, in excess of medical insurance coverage, which are incurred as a result of injury or illness while participating in athletic programs of Arab City Schools District.

**By signing this form, I agree to all provisions listed above.**

\_\_\_\_\_  
(father/guardian signature)

\_\_\_\_\_  
(mother/guardian signature)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(date)