

EMERGENCY INFORMATION ATHLETICS 2018-2019

A complete physical examination is required annually for all participants in interscholastic sports activities. Athletes are then required to provide proof of this physical to keep with his / her sports contract. Students CANNOT participate in a sport without health insurance. If you do not have health insurance please see the attached K-12 Student Accident Insurance Plan pamphlet.

Parent / Guardian Name:	Home Phone#: Cell Phone#: Work Phone#:
Parent / Guardian Name:	Home Phone#: Cell Phone#: Work Phone#:
Address:	City: State: Zip:
Medical Insurance Company:	Policy #:
Primary Care Physician: (to be called in the event of an emergency)	Phone #:
Date of last physical:	Blood Type (if known):
Allergies or Medical Conditions to be aware of:	
Does your child have an EPI-Pen?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Person to contact if YOU cannot be reached in the event of an emergency: Address:	Relationship: Phone #:

Permission for MEDICAL TREATMENT:

- Permission is hereby granted to the Mt. Abram High School Athletic Trainer, Faculty and Coaches to proceed with any necessary Primary and Secondary First Aid. In the event of serious illness or injury I understand that an attempt will be made to contact me in the most expeditious manner possible. If in the event I cannot be reached, the treatment or referral necessary for the best interest of my child, (students name) _____ will be given.

Signature of Parent / Guardian: _____ Date: _____

