

**EMERGENCY INFORMATION AND CONSENT
FOR STUDENT ATHLETES**

Name: _____ DOB: _____ List Sport(s): _____
(Last) (First) (M.I)

Address: _____ Grade: _____ Sex: _____

Mother/Guardian's Name: _____ Home Phone #: _____

Cell #: _____ Work #: _____ Email: _____

Father/ Guardian's Name: _____ Home Phone #: _____

Cell #: _____ Work #: _____ Email: _____

IN CASE OF EMERGENCY, AND PARENT/GUARDIAN CANNOT BE REACHED, CONTACT:

Name: _____ Relationship: _____ Phone #: _____

INSURANCE INFORMATION:

Insurance Co: _____ Address (City & State) _____

Insurance Phone #: _____ Is this a PPO or HMO plan? _____

Name of Insured: _____ Group #: _____ Policy #: _____

MEDICAL INFORMATION

Family Physician: _____ Phone #: _____ Hosp Preference: _____

Known Allergies (food, drug, insects, etc): _____

Current Medications (inhaler, insulin, etc): _____

Medical History (asthma, head injuries, surgeries, vision problems, blood pressure, etc): _____

Parent/Guardian Permission:

I/We give our permission for the above name student to participate in organized school athletics, realizing that such activity involves the potential for injury that is inherent in all sports. I/We acknowledge that even with qualified coaching, use of approved equipment, and strict safety rules, injuries are still a possibility. On rare occasion, these injuries can be severe.

Consent for Emergency Care:

The athletic staff (coaches or other school officials) may apply first aid treatment for any injury sustained during participation sanctioned by Joseph S. Bruno Montessori Academy. In case the parent/guardian cannot be reached, we give consent for the athletic staff to use their own judgment in securing medical aid, ambulance service, and if necessary hospital admittance when needed, as result of injury during participation in sanctioned practices/games schedule by Joseph S. Bruno Montessori Academy. I authorized any hospital, which has provided treatment to the above named student to surrender custody of that student to the school representative upon completion of treatment. I understand that any expenses incurred will be paid for by the parent/guardian, or by insurance coverage provided by the parent/guardian, and that payment of any medical expense is not the responsibility of the school. It is hereby understood that the consent and authorization hereby is given and granted are continuing, and are intended by me to extend throughout the current school year.

Parent/Guardian Signature: _____ Date: _____