Rocktown High School Athletic Department Emergency Medical Information & Information Release Card

PLEASE PRINT NEATLY

STUDENT NAME: _____ **D.O.B** _____**GRADE** _____

Mother/Guardian: _____ **Father/Guardian:**_____

_____ _____
Street Street (If DIfferent)

_____ _____
City/State/Zip City/State/Zip (If Different)

Home Phone: _____ **Cell Phone**: _____ **Home Phone:** _____ **Cell Phone**: _____
Work Name/Phone: _____ **Work Name/Phone:** _____

SPORT(S):
FALL: _____ **WINTER:** _____ **SPRING:** _____

Emergency Contact should be a close relative or friend that we may contact in the event that YOU CANNOT BE REACHED.

1st Emergency Contact: _____ **Phone:** _____ **Relation:** _____
2nd Emergency Contact: _____**Phone:** _____ **Relation:** _____

Insurance Carrier: _____ ID # _____

Policy Holders Name: _____ Group # _____

Family Doctor: _____ Medical Allergies: _____

Medical Conditions: _____ Prescription Medications: _____

I, _____, as parent of _____, give permission to any administrator, coach, athletic trainer or other personnel of Rocktown High School, or any team physician associated with Rocktown High School to seek medical treatment for my child/ward in the event of an emergency. I acknowledge and accept the risks inherent in the sport in which my child will participate, as well as the travel involved and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team. In signing below, I also authorize Rocktown High School to release medical information to team physicians or the student's personal health care provider, information concerning illness or injury relative to my past, present, or future participation in athletics at Rocktown High School. I also authorize any medical facility, physician, or medical personnel to disclose to Rocktown High School any and all medical information that may be pertinent to my child's involvement in athletics at Rocktown High School. Additionally, in signing below, I acknowledge that I understand all school rules and regulations that apply to my child/ward's participation in athletics as contained in the RHS Policies and Procedures Handbook.

Printed Name: _____ **Signature**: _____**Date**:_____
(Parent or Legal Guardian)

Printed Name: _____ **Signature**:_____ **Date**: _____
(Student)