EMERGENCY INFORMATION & CONSENT **REVISED 7-2014**

Athlete's Name _____Nickname _____ Grad Year_____

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**. 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 Helena High School to provide my child any necessary medical care as a result of any injury/illness. Trainers/Coaches have 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 Helena sports. He/she will abide by all rules of the school and the athletic handbook.

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 Helena High School.

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

_____ _____

(father/guardian signature) (mother/guardian signature)

_____ _____

(date) (date)