



PlaySafe - Medical & Emergency Information

Name On Birth Certificate (Last, First, MI) _____

Preferred Name _____

DOB _____ Grade _____ Sport(s) _____

Address _____

Mother/Guardian _____ Contact # _____

Work Contact# _____ Email _____

Father/Guardian _____ Contact# _____

Work Contact # _____ Email _____

Insurance Carrier _____

Claim/Policy # _____

Emergency Contact (Non-Parent/Guardian) _____ Phone # _____

Primary Care Physician _____ Phone # _____

Please list any injuries, allergies, or other medical history that you feel may be important in case of an emergency:

Other

Is your child on any medication that is taken on a regular basis? (List)

My child may take any over-the-counter medication such as Tylenol, Advil, etc. or topical ointments such as Neosporin, hydrocortisone, etc. as needed **Yes or No**

I grant permission for my son/daughter to practice and play in athletic events for _____ High School. I will not hold the school or PlaySafe responsible in any way whatsoever, except where negligence exists. I also grant permission for treatment deemed necessary for a condition arising during participation in the activity, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment.

Athlete's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____