

**EMERGENCY PERMISSION FORM**

**TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AT THE BEGINNING OF EACH SPORTS SESSION**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Name of School \_\_\_\_\_ Insurance \_\_\_\_\_

Home Address \_\_\_\_\_

Please list any health problems that might be helpful to a physician when evaluating your child during an emergency.  
\_\_\_\_\_

Please list any allergies to medications, etc. \_\_\_\_\_  
\_\_\_\_\_

Is the student presently taking medication? If so, what type? \_\_\_\_\_  
\_\_\_\_\_

Does the student wear contact lenses? \_\_\_\_\_ Please list date of last tetanus shot \_\_\_\_\_

EMERGENCY AUTHORIZATION: The school has my permission in an emergency to have my child transported to the Emergency Room of the nearest hospital. The hospital and medical staff have my authorization to provide treatment which a physician deems necessary for the well being of my child.

Parent/Guardian work/cell phone number \_\_\_\_\_ Home/cell phone number \_\_\_\_\_

Parent/Guardian email: \_\_\_\_\_

Other emergency contact person \_\_\_\_\_ Phone number \_\_\_\_\_

By signing this emergency form, I am granting permission for emergency services for my child and I am acknowledging that my child and I have received, read and will adhere to the guidelines provided in the *Activities Guide for School Students and Parents*.

\_\_\_\_\_  
Student Signature Date Parent/Guardian Signature Date

**TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AT THE BEGINNING OF EACH SPORTS SESSION**

In order to remain eligible for team participation after selection, the parent or guardian must complete this card on both sides. All parents or guardian, and students must sign this side of the card verifying that the "official" place of residence provided in the emergency information is correct for the fixed and permanent home of the family and student.

On the reverse side of this card, you listed your official address that is within the boundaries of the school of attendance or approved transfer. By signing this document you are stating the address provided on the emergency card is accurate. Any change of address from this point forward must be communicated to the registrar at the high school.

Specialty and Designated Site Program Students or transfer students must verify address provided AND write the name of the program in the space provided. If a student withdraws or is removed from a specialty or designated site program the parent must notify the Director of Student Activities at the time of withdrawal.

All parent and student athletes understand that if false information is provided, to include not updating change of residence, the student athlete is ineligible for the current school year and subsequent school year.

By signing this form, I am acknowledging that the address provided is the correct and is the fixed and permanent home of the family and student.

Specialty/Designated Site Program \_\_\_\_\_

\_\_\_\_\_  
Student Signature Date Parent/Guardian Signature Date