

Hartland Consolidated Schools
Athletics Emergency & Emergency Contact Information
2018-2019 Academic Year

I, _____ (print parent/guardian's name), acknowledge that my **child**, _____ (print child's name) may be injured as a result of participation in athletics for Hartland Consolidated Schools. I give the athletic trainer, coaches, administrators, and staff permission to provide appropriate emergency care to my child. I recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care. All the information on this form is true and accurate to the best of my knowledge.

SIGNATURE _____ **Date** _____

Please include ALL the information requested below. In the instance that an emergency situation should develop with your child and medical attention is needed this information will be of assistance to the appropriate medical personnel.

Student Athlete Name _____ **Sport** _____

Date of Birth ___/___/___ **Age** _____ **Grade** _____

KNOWN ALLERGIES _____

CURRENT MEDICATIONS _____

CURRENT MEDICAL CONDITIONS _____

Number of previously diagnosed concussions: _____

Does the student athlete qualify and receive special education services or 504 accommodations: YES ___ NO ___

EMERGENCY CONTACT #1 (please print)

Name _____ Relation to Child _____
Phone Number(____) _____ home/work/cell (circle one)

EMERGENCY CONTACT #2 (please print)

Name _____ Relation to Child _____
Phone Number(____) _____ home/work/cell (circle one)