

Howards Grove High School
Sports Medicine Emergency Information and Consent

Student's Name: _____ Date of Birth: _____
Parent/Guardian 1 Name: _____ Phone: _____
Address: _____
Parent/Guardian 2 Name: _____ Phone: _____
Address: _____
Alternate Emergency Contact Name: _____ Relationship: _____
Address: _____ Phone: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

First, Try:	<input type="checkbox"/> Parent/Guardian 1	<input type="checkbox"/> Parent/Guardian 2	<input type="checkbox"/> Alternate Emergency Contact
Then, Try:	<input type="checkbox"/> Parent/Guardian 1	<input type="checkbox"/> Parent/Guardian 2	<input type="checkbox"/> Alternate Emergency Contact
Then, Try:	<input type="checkbox"/> Parent/Guardian 1	<input type="checkbox"/> Parent/Guardian 2	<input type="checkbox"/> Alternate Emergency Contact

STUDENT'S MEDICAL INFORMATION

Primary Doctor: _____ Phone: _____
Current Medications: _____
Known Allergies: _____
Other Medical Conditions: (asthma, diabetes, previous head injuries, etc. Use back of sheet if needed) _____
_____ (continued on back)

Name of Medical Insurance Company or Plan: _____
Policy Number: _____ Is plan an HMO? Yes No
If plan is an HMO, what is your primary care facility? _____

MEDICAL CONSENT TO TREAT STUDENT; AUTHORIZATION TO DISCLOSE STUDENT'S MEDICAL INFORMATION

Consent may be required in order for Student to participate in an athletic program. Consent is effective until it is revoked by a parent or guardian, or until Student is no longer enrolled at the School.

If no box is checked, it is assumed that consent is NOT given. Please check all applicable.

- Yes** **No** The athletic staff, including athletic trainers, coaches, or other qualified personnel may apply first aid treatment for any injury sustained during participation in athletic programs sanctioned by School.
- Yes** **No** The athletic trainer may evaluate and treat other emergent or non-emergent Student injuries or medical conditions brought to the athletic trainer's attention as they relate to the Student's physical activity, conditioning or injury prevention.
- Yes** **No** If the athletic staff determines that Student is in need of immediate medical attention beyond that which can be provided by the athletic staff at School and the Student's parent, guardian, or emergency contact cannot be reached, the athletic staff may use their judgment in securing medical aid, including ambulance service and admittance to a hospital if needed.
- Yes** **No** If available at School, School's athletic trainer may provide appropriate treatment modalities, such as ultrasound and electronic stimulations to treat any Student injury or other medical condition.

Parent/Guardian Signature: _____ Date: _____
 Parent 1 Parent 2 Guardian (relationship) _____

Student Signature: _____ Date: _____