

DHS COACHES' ATHLETIC EMERGENCY FORM

(Kept securely by the coach at all times) *Please Print*

Student cleared to Participate in Competitive Sports on PE Date _____
Signature School Nurse _____ Date _____

Athlete's

Name _____ Date of Birth _____ Home Phone _____
last first middle

Address _____ Grade _____ Season _____ Sport _____

List at least 4 and number 1st, 2nd, 3rd, 4th to call for illness or emergency.

__ Mother _____
name home phone cell phone work phone work town

__ Father _____
name home phone cell phone work phone work town

__ Neighbor _____
name home phone cell phone work phone home address

__ Other _____
name home phone cell phone work phone relationship

Family Physician: (1st choice) _____ Phone _____ Hospital of choice:

(2nd choice) _____ Phone _____ Stamford

Family Dentist _____ Phone _____ Norwalk

Information for Health Care Providers in case of Emergency: Please check all that apply here and on page two:

__ No __ Yes Allergic to: _____ Usual treatment _____

__ No __ Yes Medications (taken at school or home) _____ Used for: _____

__ No __ Yes Other health issue(s) which may affect athlete in school, sports, or on trips: _____

I. Authorization for Athletic Participation:

I/We give permission for _____ to participate in the Darien High School Interscholastic Athletic Program. I/We realize that such activity involves the potential for injury which is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment and a strict observance of rules, injuries are still a possibility. On rare occasions, these injuries can be severe.

II. Athletic Rules:

I/We have read the Athletic Handbook and understand and accept all the rules therein. A copy of the Athletic Handbook is available on the DHS Athletic website (<http://www.darienps.org/darienathletics/>).

I/We understand that the violation of these rules may result in an athlete being suspended or dropped from the team.

Printed Name of Parent or Guardian Signature Date

Printed Name of Athlete Signature Date

Please complete next page =>

Student's Name _____ Date of Birth _____

Emergency Medical Authorization:

- 1. I **do** **do not** give my consent for the school to call a school physician if the physicians I list cannot be reached.

- 2. If reasonable attempts to contact me or the other names listed have been unsuccessful:
 I do give my consent for the administration of any emergency treatment necessary by the available licensed medical personnel. This consent does not cover major surgery unless the medical opinions of two other licensed physicians or dentists are obtained prior to the performance of such surgery.
OR
 I do not give my consent for any emergency treatment for my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to: _____.

Printed Name of Parent or Guardian	Signature	Date
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