

ATHLETIC EMERGENCY INFORMATION

Athlete's Name _____ Date of Birth _____ Grade _____
Address _____ Telephone no. _____
Parent Name _____ Employer _____ Telephone no. _____
Emergency Contact Person _____ Telephone no. _____
Second Contact Person _____ Telephone no. _____
Family Doctor's Name _____ Telephone no. _____
Family Dentist Name _____ Telephone no. _____
Date of last physical exam _____
Hospital preference _____
Highly allergic to: _____
Diabetic _____ Epileptic _____ Date of last Tetanus Shot _____
Hepatitis B Vaccine _____

*List any injuries or illnesses, requiring medical attention, that have occurred in the last year _____

Other information that may be important: _____

To the best of my knowledge my son/daughter is physically able to participate in athletics. You have my permission to take whatever action deemed necessary for the health and welfare of my child.

Parent/Guardian Signature _____
(Please complete opposite side)

GUILFORD PUBLIC SCHOOLS ATHLETIC PERMISSION AND WARNING FORM

Your daughter/son has expressed a desire to compete in an interscholastic sport in Guilford. A yearly physical examination and a parental permission form are required prior to athletic participation.

We (parent and student athlete) acknowledge that we have read and understand the contents of the Student Athletic Handbook and agree to adhere to these regulations.

We realize that participating in organized athletics involves the potential for injury which is inherent in all sports. We acknowledge that even with the best coaching, use of the most advanced equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, or even death.

We have read and understand this warning and _____
(Student-Athlete's Name)

has my permission to participate in _____ during ____ - ____
(Sport)

Signed _____ Signed _____
(parent or guardian) (student-athlete)

(please complete opposite side)