

Sport: \_\_\_\_\_ Season: Fall Winter Spring

**JEFFERSON COUNTY SCHOOLS' ATHLETIC EMERGENCY CARD**

Name of Athlete \_\_\_\_\_ This card is to be filled out by Parent or Guardian.  
Please Print

NAME \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Parent or Guardian (Print) Signature Date

ADDRESS \_\_\_\_\_ PHONE: Home \_\_\_\_\_ Business \_\_\_\_\_

E-MAIL \_\_\_\_\_ Cell \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_ INSURANCE COMPANY \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

RELATIVE (1) \_\_\_\_\_ PHONE: Home \_\_\_\_\_ Business \_\_\_\_\_

(or Authorized individual)

(2) \_\_\_\_\_ PHONE: Home \_\_\_\_\_ Business \_\_\_\_\_

In the event parent, family doctor, relative, or authorized individual cannot be reached, indicate your hospital preference:

(1) \_\_\_\_\_ (2) \_\_\_\_\_

IF CONTACT CANNOT BE MADE WITH ANY OF THE ABOVE, THE COACH WILL USE HIS/HER BEST JUDGMENT TO PROTECT AND ASSIST THE INJURED ATHLETE IN ACCORDANCE WITH THE FOLLOWING POLICIES: **A.** Caring for the athlete. **B.** Notifying the athlete's parents or guardian, or if these cannot be reached, for following the directions given on the athlete's emergency card. **C.** In extreme cases, getting the athlete under professional care with or without family permission. **D.** In cases of a need for emergency rescue aid a coach should call 911. **E.** Complete an accident report. **FOR EMERGENCY RESCUE AID - CALL 9-1-1**

Jefferson County schools do not provide any accident or health insurance coverage for students while participating in interscholastic athletics. It is the parent/guardian's responsibility to provide insurance coverage for his/her child.

**Significant Health Concerns** \_\_\_\_\_

Daily Medications: \_\_\_\_\_

Emergency Medications: \_\_\_\_\_ Form 46-003500 Rev. 5-11

**AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR STUDENT ATHLETES**

Athlete Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_

School Name: \_\_\_\_\_

**Consent for Athletic Conditioning, Training, and Health Care Procedures**

I hereby give consent for my child to participate in the school's athletic conditioning and training program and to receive any necessary health care treatment, including first aid, diagnostic procedures and medical treatment, which may be provided by treating physicians, nurses and other healthcare providers, including Certified Athletic Trainers. The Certified Athletic Trainers have my permission to release athletic injury information about my child to the school. In the event I cannot be reached in an emergency, I hereby give permission for my child to be transported to receive necessary treatment. I understand that the Certified Athletic Trainers do research in the prevention of athletic injuries and use generalized information that does not personally identify the individual student. The Certified Athletic Trainers may use this generalized information that does not identify my child in such research.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

This card is valid from August 1, 20\_\_ - July 31, 20\_\_.

*Note: If any changes in the above information occur, a new card must be completed by the parent or guardian as soon as possible.*