

2016-17**EMERGENCY MEDICAL INFORMATION FORM****PERSONAL INFORMATION** (PLEASE PRINT CLEARLY)

NAME: _____ GENDER: _____ DoB: ____/____/____ AGE: _____
 HOME ADDRESS: _____ HOME PHONE: (____) _____ - _____
 PARENT/GUARDIAN: _____ CELL PHONE: (____) _____ - _____
 PARENT/GUARDIAN: _____ CELL PHONE: (____) _____ - _____

EMERGENCY CONTACT (PLEASE PRINT CLEARLY) (Contacts in the event a parent/guardian cannot be contacted at the above numbers)

CONTACT #1: _____ PHONE: (____) _____ - _____ RELATIONSHIP: _____
 CONTACT #2: _____ PHONE: (____) _____ - _____ RELATIONSHIP: _____

MEDICAL PROVIDER INFORMATION

PRIMARY CARE PROVIDER: _____ PHONE: (____) _____ - _____
 OTHER MEDICAL PROVIDER: _____ PHONE: (____) _____ - _____
 OTHER MEDICAL PROVIDER: _____ PHONE: (____) _____ - _____

STUDENT'S HEALTH HISTORY

_____ **ALLERGIES** (i.e. penicillin, nuts, etc. Please list/explain typical reaction)

_____ **MEDICATIONS** (i.e. inhaler-Proventil, insulin, etc. Please list)

_____ **MEDICAL CONCERNS** (i.e. heart murmur, Type I diabetes, Sickle Cell Trait, etc. Please list/explain)

MEDICAL INSURANCE INFORMATION

HEALTH INSURANCE PROVIDER: _____
 PROVIDER'S ADDRESS: _____
 NAME OF INSURED: _____ ACCOUNT/GROUP#: _____
 INSURED'S PLACE OF EMPLOYMENT: _____

ASSUMPTION OF RISK, CONSENT FOR TREATMENT, FINANCIAL RESPONSIBILITY AND INFORMATION RELEASE

I, the parent or legally responsible adult of the student listed above, understand by their nature, competitive athletics and participation in extra-curricular activities may put students in situations which serious, catastrophic and perhaps fatal accidents may occur.

If my student is injured, I give authorization to their coach or appropriate school official to render first aid and/or secure medical treatment, for him/her to receive whatever treatment is necessary should he/she have to go to a hospital emergency room.

I agree to release USD#443, its officials, directors, employees, coaching staff and medical staff from any liability, arising out of first aid rendered and/or medical treatment secured for any injury related to my student's participation in athletic/extra-curricular activities.

I also understand I am financially responsible for medical care to my student. I the undersigned, also release pertinent medical information to be communicated between medical provider(s), athletic trainer(s), high school official(s) and/or coach(es).

Furthermore, I have listed any **SPECIAL INSTRUCTIONS** on the reverse. Please mark here if additional comments are on the back. _____

 PARENT/LEGALLY RESPONSIBLE ADULT

 DATE

 WITNESS

 DATE

(4/16)