

Sport: _____ Season: Fall Winter Spring
Grade: 6 7 8 M F (Circle appropriate grade level and gender)

LINCOLN ACADEMY MIDDLE SCHOOL ATHLETIC EMERGENCY FORM

Name of Athlete _____ This card is to be filled out by Parent/Guardian.

Parent/Guardian Name (printed) _____

PHONE: Home _____ Cell _____ Work _____

INSURANCE COMPANY _____

POLICY NUMBER _____

FAMILY DOCTOR _____ PHONE _____

EMERGENCY CONTACTS

NAME _____ PHONE _____

NAME _____ PHONE _____

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 JUDGEMENT 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.

Form 46-003500 Rev. 2-08

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

Athlete Name: _____ Age: _____

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 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. In the event I cannot be reached in an emergency, I hereby give permission for my child to be transported to receive necessary treatment.

Parent or Guardian Signature _____ Date _____

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

Revised 10-21-09