

Sport: _____

Season: Fall ____ Winter ____ Spring ____ Spirit ____ Powder Puff ____

JH _____ HS _____



Athletic Emergency Information Form (This form must be completed by a Parent or Guardian)

Name of Athlete _____
(Print)

Date of Physical _____

Parent or Guardian _____
(Print)

Signature _____

Address _____

Home Phone _____

Mother Cell/Work _____

Father Cell/Work _____

Person to contact in case a parent/guardian cannot be reached:

Name _____

Relationship to Athlete _____ Phone _____

Do you have any of the following conditions?

Allergies Yes No If yes, to what? _____

Asthma Yes No

Diabetes Yes No

Seizures/Epilepsy Yes No

Concussions Yes No If yes, date/grade ____/____ date/grade ____/____ date/grade ____/____

Do you have any previous or existing injuries/surgeries/conditions that might affect your athletic/ powder puff participation?

If yes, describe: _____

I give the health care provider (e.g. athletic trainer, physician, physician assistant) and Children's Hospital Colorado, as necessary at _____ school permission to evaluate and treat common injuries/wounds that might occur as a result of participating in athletics/powder puff. In the absence of the certified athletic trainer, the coach will use his/her best judgment to assist the injured athlete. I have read and understand the Medical Disclaimer on the bottom of this document.

EMERGENCY CARE:

In the event of an emergency, the coach is responsible for the following:

- A. Caring for the athlete. (Notify athletic trainer).
- B. Contact parents or guardian of the athlete. **If** parent or guardian cannot be reached, contact person designated on emergency card.
- C. If needed, seek professional care for the athlete.
- D. If needed, call "911".
- E. Notify the school Athletic Director.

MEDICAL DISCLAIMER:

Athletes have the responsibility of reporting their injuries/illnesses to their coach and the sports medicine staff/certified athletic trainer at their high school. I realize that my physical condition is dependent upon accurate medical history and disclosure of all symptoms, complaints, prior injuries and/or any disabilities. I affirm that I have fully disclosed any prior medical conditions and will disclose any future conditions to my coach and the sports medicine staff/certified athletic trainer at my high school. I also understand that by participating in my sport there is a possibility that I could suffer a head injury/concussion. I understand the importance of immediate reporting of symptoms to the sports medicine staff/certified athletic trainer.

Parent/Guardian Signature _____

Date _____

Student Athlete Signature _____

Date _____