

School Year 2024-2025

ATHLETIC EMERGENCY CARD

Sport _____

(Student Name) (Age) (Date of Birth)

(Student Address)

(Doctor Preference) (Doctor's Phone #) (Hospital Preference)

Any special medical problems/drug allergies _____

_____ Last Tetanus

Home/Cell Phone _____

1. _____ Work Phone _____
Parent/Guardian

Home/Cell Phone _____

2. _____ Work Phone _____
Parent/Guardian

Home/Cell Phone _____

3. _____ Work Phone _____
Emergency Contact

PERMISSION FOR MEDICAL SERVICES

I hereby give my consent for the student listed above while participating in a school-sponsored activity to receive medical services as necessary as determined by a doctor or hospital staff member. (This is to be used only when the parent or legal guardian is not present and cannot be contacted.)

Parent/Legal Guardian Signature

STUDENT NAME: _____

PARENT/GUARDIAN CONSENT FORM

I, as parent or guardian of the student identified above, hereby grant permission to any athletic trainer on site at any school sanctioned sports practice or competition to provide such treatment within the scope of professional services authorized for such trainer as deemed necessary for a physical condition arising during or affecting participation in such event. I also grant permission to release medical information to the school, to the trainer and to any subsequent physician or other provider as necessary for treatment of the student identified herein. The authorization to release medical information does not encompass release of any information to the media or to any university or school except that in which the above named student is enrolled. I acknowledge and agree that any such trainer may use his or her own judgment in securing medical aid, including ambulance and other emergency services as a result of any injury during participation in a school sanctioned event. I specifically consent and agree that the above referenced trainer may provide preventative care and treatment of athletic injuries, evaluation of athletic injuries, first aid and emergency management of athletic injuries and rehabilitation and reconditioning of athletic injuries.

By signing below, I agree and acknowledge that no athletic trainer (nor the trainer's employer Stormont-Vail HealthCare, Inc.) assumes responsibility and is not liable for any accident or injury that may occur during the student's participation in an athletic event. I understand that the athletic trainer (and his or her employer Stormont-Vail HealthCare, Inc.) is not involved in the school athletic program other than providing the services noted herein.

Parent/Guardian Printed Name: _____ Date _____

Parent/Guardian Signature: _____ Contact Number _____