

Player Emergency Form

Athlete's Name : _____ Birthdate: _____

Parent/Guardian Name(s) _____

Address _____

Phone Numbers (H) _____ (w) _____ Cell) _____

Emergency Contact Person

Name: _____

Phone Numbers (H) _____ (w) _____ Cell) _____

Allergies _____ Current Medications _____

Any medical problem we need to be aware of in case of emergency

In case of emergency do we have permission to transport your child to a hospital or to an available physician?

Yes

No

I hereby give permission to the physician, athletic trainer, or medical center to provide medical services needed to my child.

Parent/guardian signature

Date

Over-Counter Medication

If an injury occurs to my son and emergency care is not indicated, I give permission to the Athletic Trainer to authorize over the counter medication to my son (such as ointment, rub, ibuprofen, etc.) to help alleviate the discomfort associated with the injury until I can be reached and conferred with on the appropriate follow up care with the family physician.

Parent/guardian signature

Date

Insurance Information

Students are not allowed to participate in the Chesapeake Bowl without athletic insurance, coverage- see Student Participation and Parental Approval Form-

Insurance Company Name

Insurance Company Address

Insurance Company Phone

Employers' Name

Policy Holder Name

Social Security # of Policy Holder

Policy Number Member/Group #

Authorization to release benefits to medical center/physician:

Parent/guardian signature

Date