

Student Athlete Emergency Contact and Medical Release

Instructions: Please complete all sections of this form. This document will be kept on file for emergency situations during athletic events.

1. Student-Athlete Information

Athlete's Full Name: Date of Birth:
Grade Level: Sport(s):
Home Address:
City, State, Zip: Home Phone:

2. Emergency Contact Information

Primary Contact

Contact Name: Relationship to Athlete:
Primary Phone: Alternative Phone:
Email Address:

Secondary Contact

Contact Name: Relationship to Athlete:
Primary Phone: Alternative Phone:

3. Medical Insurance and Physician Information

Insurance Provider: Policy / Group Number:
Primary Care Physician: Physician Phone Number:
Preferred Hospital:

4. Medical History and Alerts

Please list any known allergies, current medical conditions, or regular medications. If none, write "None".

Known Allergies (Food, Drug, Insect, Environmental):

Current Medical Conditions (Asthma, Diabetes, Cardiac, Concussions, etc.):

Regular Medications / Required Inhaler / EpiPen:

5. Medical Release and Consent Authorization

In the event of an emergency, injury, or illness occurring during participation in athletic events, I hereby grant permission to the coaching staff, school representatives, and medical personnel to administer first aid, seek emergency medical treatment, and transport my child to the nearest medical facility. I authorize any licensed physician, hospital, or medical clinic to provide necessary treatment, including anesthesia, surgery, or hospitalization, in the event that emergency contacts cannot be reached immediately.

I understand that I am financially responsible for any and all medical bills incurred as a result of emergency treatment for the student-athlete named above.

Parent / Guardian Printed Name:

Parent / Guardian Signature (Sign after printing):

Date: