

# INDEPENDENCE HIGH SCHOOL ATHLETIC EMERGENCY FORM

(Print or Type Clearly)

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_ Student SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parents  
Cellular Phone: \_\_\_\_\_

Business Phone (Father): \_\_\_\_\_ (Mother): \_\_\_\_\_

Parents Email Addresses: \_\_\_\_\_

Two people you recommend we call in the event you cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent's Insurance Company: \_\_\_\_\_

Group Policy #: \_\_\_\_\_ Insured ID #: \_\_\_\_\_

Preference Of Physicians:

1. \_\_\_\_\_ Phone: \_\_\_\_\_
2. \_\_\_\_\_ Phone: \_\_\_\_\_

Preference of Hospital: \_\_\_\_\_

I/We the undersigned guardian of the minor, do hereby authorize any x-rays, anesthetic, dental, medical, or surgical diagnosis or treatment deemed advisable by: (1) a licensed physician, or (2) coach, trainer, and/or high school official who is in temporary custody of the minor listed above. I/We the undersigned also release medical information to the coach, trainer, and/or high school official to assist in the athlete's recovery.

Parent / Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

## Medical Information

Major Illness? \_\_\_\_\_

Medications? \_\_\_\_\_

Allergies to meds? \_\_\_\_\_

Previous injury or problems - Head: \_\_\_\_\_ Neck: \_\_\_\_\_ Heat: \_\_\_\_\_ Other: \_\_\_\_\_

Wear while playing - Contact Lenses: \_\_\_\_\_ Glasses: \_\_\_\_\_ Braces: \_\_\_\_\_ Retainer: \_\_\_\_\_

Please list the sports you will play this year: \_\_\_\_\_

\_\_\_\_\_