

## **REGISTRATION/EMERGENCY PERMISSION FORM**

(This form may be reproduced to travel with the team and is acceptable for emergency treatment if needed.)

Student's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Sport \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Any allergies or physical conditions of your child that the coach (or a physician evaluating your child in case of an emergency) should be aware of? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has your child been prescribed an inhaler \_\_\_\_\_ or epipen \_\_\_\_\_

List any medications your child is taking \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_ Does student wear contact lenses \_\_\_\_\_

EMERGENCY CONTACTS: In the event a parent/guardian cannot be reached, please provide the name and phone number of two persons who are authorized to pick up your child.

Name	Relationship	Phone
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Name	Relationship	Phone
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I agree to pick up my sick or injured child in a timely manner when contacted. If I cannot be reached, the above emergency contacts can be called to pick up my child. Additionally, if I cannot be contacted in an emergency, the school or my child's coach has my permission to take my child to the emergency room of the nearest hospital and I authorize its medical staff to provide treatment which a physician deems necessary for the well-being of my child. I hereby certify that the information contained in the Medical History and Physical Examination forms submitted this school year remains valid and up-to-date.

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

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

\_\_\_\_\_  
Date