Gladstone High School

ATHLETIC EMERGENCY / INSURANCE INFORMATION

PLEASE PRINT:

Athlete Last Name	First Name	Age	Birthdate	Grade

Emergency Information:

Parent(s)/Guardian(s):		
Street/Mailing Address:		
City, State, Zip Code:		
Phone Numbers:	Home:	Work:
	Cell:	
Email:		

In case of an emergency, if parents cannot be contacted, notify:

Name:		**Phone:**	
Name:		**Phone:**	
Family Doctor:		**Phone:**	
Preferred Hospital:		**Known Allergies:**	

YES NO The team coach, physican, and trainer may apply first aid treatment until the family doctor can be reached.

YES NO We give coaches, trainers, and team physican our consent to use their own judgment in securing medical aid and ambulance service in case the parents cannot be reached.

YES NO We give permission to use our athlete's name/picture for rosters, team pictures, and newspaper related awards.

► I understand it is my responsibility as parent and athlete to inform coaches of medical needs. ◄

Medical Needs With Specific Instructions:

_____

_____

_____

We give our permission for our son/daughter to compete in the following sports:

Fall Sport	Winter Sport	Spring Sport

Fall: Cheer, Cross Country, Dance, Football, Soccer, Volleyball

Winter: Basketball, Cheer, Dance, Swim, Wrestling

Spring: Baseball, Golf, Softball, Track

INSURANCE INFORMATION - ALL ATHLETES MUST BE COVERED BY INSURANCE and provide the following information:

_____ We have paid for school insurance on (date): _____

_____ Our insurance coverage is with:

Insurance Company: _____

Policy Number: _____

MUST HAVE SIGNATURE OF PARENT/GUARDIAN:

_____ _____

Parent or Guardian Signature *Date*