

SPORTS PARTICIPATION FORM



EMERGENCY TREATMENT

To ALL Parents:

Since the malpractice question has come to the forefront, many hospitals and doctors will not treat a child without the parent's consent (unless life threatening). It is requested that you complete the information below so that if your child requires a visit to the hospital while under the supervision of the school, the treatment of the injury will not be delayed.

EMERGENCY INFORMATION

Name: _____ Grade: _____ Sex: M _____ F _____

Sport: _____ Age: _____ Date of Birth: ____/____/____

SS # of Athlete: _____ - _____ - _____ (for emergency room use only)

Parent's Name: _____

Work Address (Father) _____

Work Address (Mother) _____

Phone Number: Father _____ Mother _____

Home Address: _____ City _____ State _____

Phone Number: _____

Emergency Contact Person: _____

Relationship: _____ Phone Number: _____

Insurance Name: _____ Policy and Group Numbers: _____/_____

Policy Holder's Name _____ and SS # _____/_____/_____

Allergies: _____

Daily Medications: _____

Consent Statement: Authorizing Treatment: In the event of an accident or illness, a representative from Boyd-Buchanan School

has my permission to seek the medical attention necessary for _____
Name of Athlete

Parent's Signature: _____

Student's Signature: {if over age 18} _____

Permission to Transport

As a member of a Boyd-Buchanan athletic team, my son/daughter _____,

Has permission to participate in athletic events and travel to and from team activities and contests in school arranged transportation. I understand that depending on distance, time and availability, the school may arrange transportation via chartered bus, BBS or other school bus with licensed driver, school or church vans or private cars driven by responsible adult drivers.

I hereby release Boyd-Buchanan School and the coaches from any liability whatsoever in case of accident or injury and acknowledge that I am responsible for payment for any medical attention. I hereby acknowledge my responsibility for any damage caused by the above named student while he/she is on the trip.

Parent's Signature: _____ **Date:** _____

Coaches are required to have possession of this form at any athletic activity.