

Sahuarita Middle School Athletic Emergency Form ___ / ___ School Year

Student Name: _____ Birth Date _____ Grade _____

Address _____ City _____ Zip _____

Student lives with: ___ Both Parents ___ Mother ___ Father ___ Guardian

Father's\Guardian's Name: _____ Home Phone _____

Place of Employment: _____ Work Phone: _____ Cell phone: _____

Mother's\Guardian's Name: _____ Home Phone: _____

Place of Employment: _____ Work Phone: _____ Cell Phone: _____

If I cannot be reached in case of emergency, please contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

Physician: _____ Phone: _____

Hospital Preference: _____

Health Insurance Company: _____ Policy Number: _____

Please indicate any medication currently being taken or any medical condition and allergies emergency personnel would need to know in case of emergency. _____

Coach or team Trainer may administer first aid treatment: YES NO

We give permission for our child to participate as a member of the Sahuarita Middle School's athletic teams. We understand that such activity involves the potential for injury which is inherent to all sports. We acknowledge that, even with best coaching, the use of the most protective equipment and strict observance of the rules, the risk of injury is always present. On rare occasions injuries can be so severe as to result in total disability, paralysis, or even death.

We give or consent for coaches or trainers to use their own judgment in securing medical aid and 911 services in case the parents or guardians cannot be contacted.

We understand that our child must meet the academic standards for participation in athletics as laid out in the SMS Athletic Handbook. We agree to provide prompt transportation after all home games and away activities. If a team member is not picked up at school at the designated time, they may not be permitted to participate in subsequent interscholastic competitions.

We are in agreement with the above information and give consent for our Son /daughter to participate in SMS Athletics in any \all sports EXCLUDING:

Parent\Guardian Signature _____ Date _____

Student Signature _____ Date _____