



**PLEASE PRINT CLEARLY AND USE ALL LEGAL NAMES**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Nick Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Athlete Home Phone #: \_\_\_\_\_

Athlete Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Athlete E-mail: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sport: \_\_\_\_\_

Medical History that may be significant to a physician evaluating your child in an emergency situation (Asthma, Diabetes, Genetic Disorders): \_\_\_\_\_

Is your child on any medication? \_\_\_\_\_ List: \_\_\_\_\_

Has your child been prescribed an inhaler? \_\_\_\_\_ If yes, what type? \_\_\_\_\_

Please list all allergies (medication/pollen/stings/food): \_\_\_\_\_

Has your child been prescribed an EpiPen? \_\_\_\_\_ Type?: \_\_\_\_\_

Has your child ever sustained a concussion? \_\_\_\_\_ If yes, how many and when? \_\_\_\_\_

**In case of an emergency please contact in this order:**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Preferred Hospital:** \_\_\_\_\_

**Insurance Information**

Company: \_\_\_\_\_

Policy Holder Legal Name: \_\_\_\_\_

Group Number: \_\_\_\_\_

Student's Policy/ID number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

I, \_\_\_\_\_, hereby grant permission for my child to be examined and treated by a licensed medical physician, Athletic Trainer, or coach for injuries/illnesses that occur during his/her participation in activities sponsored by Clover Hill High School. I understand that this consent form will only be invoked if school officials are unable to contact a parent/guardian immediately following the discovery of a need for medical attention. I hereby certify that the student named above is covered by the medical accident insurance listed above and I accept responsibility for the medical accident insurance of this student.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COACH: Please make a copy and give original to Athletic Trainer