

WILTON HIGH SCHOOL EMERGENCY TREATMENT CARD

Last Name _____ First Name _____

Date of Birth _____ Grade _____

Address _____ Home Phone _____

Mother's Name _____ Work/Cell _____

Father's Name _____ Work/Cell _____

Doctor _____ Phone _____ Dentist _____ Phone _____

Insurance Company _____ Policy Number _____

Emergency Contact _____ Relationship _____

Home _____ Work _____ Cell _____

2nd Emergency Contact _____ Relationship _____

Home _____ Work _____ Cell _____

Asthma	Yes	No
Epi-pen	Yes	No
Concussions	Yes	No
Diabetes	Yes	No
Contacts/glasses	Yes	No
Fractures	Yes	No
Surgeries	Yes	No
Heart Condition	Yes	No
High Blood Pressure	Yes	No
Seizures	Yes	No

Medications: _____

Used for: _____

Date of last concussion: _____

Location: _____

Reason: _____

Medications Currently Taking and Reason _____

Other Medical Conditions _____

PERMISSION TO PARTICIPATE AND PROVIDE MEDICAL TREATMENT

By its nature, participation in interscholastic athletics includes risk of injury that may or may not be minor to disabling to even death. I acknowledge this inherent risk and grant permission for my son/daughter _____ to participate in the sport of _____ and undergo appropriate first aid and medical treatment for ANY injury or illness that he/she may sustain or acquire while engaged in interscholastic athletics at Wilton High School, including during team travel for local and out of town trips. I understand that if my child suffers an injury or illness that may put life or limb at risk, Emergency Medical Services will be immediately summoned for transport to the hospital, the athletic trainer, team physician, school medical personnel, and/or coaching staff will initiate emergency medical intervention(s) within their scope of professional practice until EMS arrives, and the parent will be notified as rapidly as possible.

Having understood the above agreement, I acknowledge that medical treatment will be provided to my child as deemed necessary for emergency and non emergent injuries and illnesses.

Signature of Parent/Guardian

Date

STUDENT STATEMENT

As I understand the CIAC regulations and Wilton High School eligibility rules, I am eligible to play. I realize that such activity involves traveling to and from games and also involves the potential for injury which is inherent in all sports. I acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis or even death. I agree to make every effort to keep my school work up and to live up the training rules as set down by my coach.

Signature of Student

Date