

Last Name _____
Sport(s): _____
School Year: 201__ - 201__

WEATHERFORD SCHOOLS—ATHLETIC EMERGENCYFORM

Student-Athlete Name: _____, _____, _____
Last First Middle
Grade: _____ Gender: **M F** Date of Birth: ___/___/____ Age: _____
Student-Athlete Primary Residence: _____
City: _____ Zip Code: _____

Primary Parent / Guardian Information

Father: _____ **Mother:** _____
Father's address same as athlete? **Y N** Mother's address same as athlete? **Y N**
Best Contact # () _____ - _____ Best contact #() _____ - _____
Secondary contact #:() _____ - _____ Secondary contact #:() _____ - _____
Work Phone #: () _____ - _____ Work Phone #: () _____ - _____

If a primary contact cannot be reached, attempt will be made to reach a secondary contact in case of an emergency. Please list two secondary contact individuals as an alternate to primary.

Secondary Contact Information

Name: _____ Name: _____
Relationship: _____ Relationship: _____
Best Contact # () _____ - _____ Best Contact # () _____ - _____
Alt. Contact # () _____ - _____ Alt. Contact # () _____ - _____
Work Phone # () _____ - _____ Work Phone # () _____ - _____

Athletes' Primary Care Physician

Doctor's Name: _____ Specialty: _____
Clinic Address: _____ Zip Code: _____

Primary Health Insurance Information – Student Athlete

Name of Person Insuring Student-Athlete: _____
Insurance Company / Policy Name: _____
Insurance Co. Address: _____
(City, State, Zip)
Insurance provided through Employer? **Y N** Employer Name: _____

Athletes' Health / Medical Information

The student-athlete of record must be monitored and responsible of potential medical conditions checked below that may be necessary for medical intervention while participating in UIL sports activities:

- | | | |
|---|--|--|
| <input type="checkbox"/> Asthma w/ Rescue Inhaler | <input type="checkbox"/> Type I Diabetes | <input type="checkbox"/> Cardiovascular illness |
| <input type="checkbox"/> Asthma w/ Nebulizer | <input type="checkbox"/> Type II Diabetes | <input type="checkbox"/> Heart murmur/arrhythmia |
| <input type="checkbox"/> Severe allergy +Epi-pen | <input type="checkbox"/> Concussion(s) | <input type="checkbox"/> Mild Traumatic Brain Injury |
| <input type="checkbox"/> Severe allergy +Benadryl | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Heat/Cold related illness |
| <input type="checkbox"/> Missing organs / Impaired organs | <input type="checkbox"/> Surgical repair / Surgical reconstruction | |

It is imperative that all medical history be disclosed to the coaching staff in order that safety and health can be maintained in all environments of athletic participation. Any items checked above will require additional forms to be completed prior to athletic participation. These form(s) are mandatory for administration of medication(s) during school hours and extracurricular activities as well as determining if a student has developed any condition which would make it hazardous to participate in athletic event.

If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

**Varsity athletes are expected to notify their coach and athletic trainer of any sports related injury prior to scheduling a physicians exam except in an emergency.

Student athlete signature: _____ Date: _____

Authorization / Release for Emergency Medical Intervention

I authorize the attending first responder(s), be it team physician, athletic trainer, coach, school nurse, and or any school representative, to provide immediate care and treatment to my child as a result of injury or illness occurring with school related activities. I do agree to save harmless any school or hospital representative from any claim by any person on account of such care and treatment of my child.

Parent/Guardian Signature: _____ Date: _____