



MORRICE ATHLETIC DEPARTMENT EMERGENCY FORM

Student Name _____ Birthdate _____

Address _____

1st Parent/Guardian Name _____ Phone # _____

Email: _____

2nd Parent/Guardian Name _____ Phone # _____

Email: _____

Emergency Contact Name _____ Phone # _____

Students Allergies _____

Students Prescription Medication (s) _____

Students Special Medical Concern (s) _____

Parent(s)/Legal Guardians allowed to transport student after event: _____

In the event that injury or illness needs immediate medical attention and the designated parties are not available, I understand that appropriate emergency care deemed advisable by school authorities will be sought.

There may be instances where the certified athletic trainer may need to share medical information with in season coaching staff, school administrators and student athletic trainers. Information will be shared in accordance with all state and federal guidelines and will only be provided when necessary for proper care/treatment of the athlete or operational purposes. At no time will the certified athletic trainer share medical information with the media, high school staff not directly involved with the athlete, or other concerned citizens. I understand it is my responsibility to notify the certified athletic trainer in writing if I do not permit the sharing of medical information.

Furthermore, I give permission for my physician, physical therapist, or other medical professional to release medical information to the certified athletic trainer for purposes of return to play criteria and continued medical care/treatment.

(Signature of Parent/Legal Guardian) Date _____

(Signature of Athlete) Date _____