

AHS Emergency Information 2005-2006

Please Print Legibly Except for Signatures

Name _____ Year: Fr / So / Jr / Sr Birthdate _____

Parent/Guardian: (Father) _____ (Mother) _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Other Cell Phone/Pager _____ Cell Phone/Pager _____

Student's Home Address _____

City _____ State _____ Zip Code _____

PRIVATE (PRIMARY) INSURANCE

Ins. Co. Name _____ Pre-authorization phone # _____

Insurance Company Address _____

City _____ State _____ Zip Code _____

Name of Insured Policy Holder _____ Policy Holder's DOB _____

Policy Holder's Employer _____

Employer's Complete Address _____

Policy Holder's SS# _____ Group# _____ Policy# _____ ID/other# _____

HMO: Yes or No PPO: Yes or No My son / daughter is covered by the above insurance policy. ____ Yes ____ No

Known Allergies (latex, drug, food, insect, etc...) _____

Special Medical Problems _____

Medications (inhaler, insulin etc...) _____

Parent / Guardian Consent to Treatment of Student-Athlete

I, _____, the undersigned parent / guardian of

Name of Student

Student's SS#

a minor, do hereby authorize the Licensed Athletic Trainer or school representative on my behalf, to consent to any medical treatment deemed necessary by any licensed physician / surgeon in the event of illness or injury to the above named minor.

This consent to treat is intended to cover any illness or injury sustained while participating in any school athletic competition or practice, on or off campus, and while traveling to and from the event.

I understand that this authorization is given in advance of any specific diagnosis and resulting treatment or hospital care required. This authorization is given to provide the aforesaid agent(s) the power to give specific consent to all such diagnosis and resulting treatment or hospital care deemed advisable by the aforementioned physician / surgeon in the event the parents/ guardians or emergency contacts are not able to be reached. I hereby authorize any hospital, which has provided treatment to the above named student to surrender custody of that student to the Licensed Athletic Trainer or school representative upon completion of treatment.

These authorizations shall remain effective until the end of the 2005-2006 school year.

Student / Athlete Signature

Date

Parent / Guardian Signature

Date